42704

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 50 | Primary Registration District No. 3004 | Registrar's No. 71

1. PLACE OF DEATH:

(a) County Bates 1

(b) City or town Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 hour
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Bates

(c) City or town Rich Hill Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marvin R. De Nayer 56A

3. (b) If veteran, name war X

3. (c) Social Security No. no

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 11, 1914
(Month) (Day) (Year)

8. AGE: Years 25 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Crawford Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation truck operator 1

11. Industry or business hauling coal. 1

FATHER
12. Name Edward DeNayer
13. Birthplace Illinois. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Craig DeNayer
15. Birthplace Rich Hill Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed DeNayer
(b) Address Rich Hill Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-16-39
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booth Funeral Service
(b) Address Rich Hill Missouri 52

19. (a) Dec 16 1939 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th.
year 1939 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock + Hemorrhage 17

Due to Gunshot Wounds - (44 calibre) of Left Chest + Left Upper Abdomen

Due to fired by Police Officer Paris Woodall, Rich Hill, Mo.

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operation Autopsy revealed perforating wound both lobes left lung + another bullet wound perforating liver + stomach

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Dec. 14. 1939

(c) Where did injury occur? Rich Hill - Bates - Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Public Street - Rich Hill, Mo
(Specify type of place)

While at work? No (e) Means of injury Gunshot

23. Signature Kellen Smith (M. D. or other) 4

Address Rich Hill, Mo Date signed 12/16/39

(Licensed Embalmer's Statement on Reverse Side) Coroner, Bates Co. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7
District File Number 1-40-147
Date Filed 1-12-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself, Registered Apprentice No. _____ working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.