

8 AM.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6412

Registration District No. 231

Primary Registration District No. 5315

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford Co MO

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

(c) Name of hospital or institution: Union Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether V)

In this community 22
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Crawford

(c) City or town Cook Station
(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 JOSEPH OTIS COUNTS

3. (b) If veteran, name war _____

3. (c) Social Security No. 482-18-0972

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th
year 1940 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from February 14th, 1940 to February 14th, 1940, 19____
that I last saw him alive on February 14th, 1940
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Lucy Counts

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Mar 11 1884
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 11 days

8. AGE: Years 30 Months 11 Days 4
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Cook Station MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Jessie Counts

13. Birthplace Stevens Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Clara Roberts

15. Birthplace Sligo MO
(City, town, or county) (State or foreign country)

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

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

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Walter H. Counts

(b) Address Wagon City Ill

17. (a) Burial (b) Date thereof 2 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roberts Cemetery

18. (a) Signature of funeral director Robert Gerson

(b) Address Salem Mo

19. (a) 2-8-40 (b) W. J. Steiner
(Date received local registrar) (Registrar's signature)

23. Signature Mawin Grossman (M. D. or other) MO

Address Salem, Mo. Date signed 2/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-30 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.

1 X1931

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.....

N. D. Johnson....., Registered Apprentice No.....
working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 340 289

Date Filed 3/2/00

Signed N. D. Johnson.....
Licensed Embalmer No. 928.....
P. O. Address Salem, Mo.....

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

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 231

Primary Registration District No. 5315

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Chafford
(b) City or town Union Gas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Joseph Otis Counts
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 35 Months 11 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (Specify foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 3-8-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Cook Station Mo
(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

20. DATE OF DEATH: Month Feb day 15 year 1940 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Marion Grossman Address Salmon Mo Date signed _____

SUPPLEMENTAL

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

