

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7636

Registration District No. 652

Primary Registration District No. 4390

Registrar's No. 10

1. PLACE OF DEATH:
 (a) County. Pemiscot
 (b) City or town. HAYTI, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether)
 In this community D.K.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Hayti
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Richard Duckee
 (b) If veteran, name war No History
 (c) Social Security No. No History

4. Sex MALE 5. Color or race Col
 6. (a) Single, widowed, married, divorced D.K.
 6. (b) Name of husband or wife D.K.
 6. (c) Age of husband or wife if alive D.K. years
 7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Over 70 ✓ ✓ hr. min.

9. Birthplace not known 9
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 9

11. Industry or business ✓

MOTHER FATHER { 12. Name not known 9

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's own signature no one knew

(b) Address

17. (a) burial (b) Date thereof 1 21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation to farm

18. (a) Signature of funeral director Henry Randolph

(b) Address Hayti Mo 6416

19. (a) 2/2/40 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 30
 year 1940 hour D.K. minute ✓ 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 Frozen to death
 Due to no fuel, no covers
 Due to _____

Other conditions 1940
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: none
 Of operations none
 Of autopsy none
 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)
 (b) Date of occurrence 1/30/40

(c) Where did injury occur? Hayti Pemiscot Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)
 While at work? no (e) Means of injury freeze

23. Signature D.B. Beecher (M. D. or other)
 Address Countherville Date signed 2-2-40

11-2-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.