APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11388

Registration District No. 408 Primary Registration District No. 5564 Registrar's No. 59

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: RURAL- Madison (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 1, Carthage, Mo. (If not in hospital or institution, write street number or location)

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

In this community: 39 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Rural- (If outside city or town limits, write "RURAL")

(d) Street No.: Route #1, Carthage, (If rural, give location)

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

3. (a) PRINT FULL NAME: Thomas Courtney

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Alice Clark Courtney

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: August (Month) 5 (Day) 1849 (Year)

8. AGE: Years 90 Months 7 Days 0 If less than one day hr. min.

9. Birthplace: Newcastle, (City, town, or county) Pa. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER 12. Name: Unknown

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

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant's own signature: Mrs. Jessie Somers

(b) Address: Rogers, Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Fasken Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer

(b) Address: 1208 Garrison, Carthage, Mo.

19. (a) Mar. 6, 1940 (Date received local registrar) (b) E. J. McEntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 5:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from 2-26-40, 19..., to 3-3, 1940 that I last saw him alive on 3-3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	
Due to:	
Due to:	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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):

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: J. Russell Smith (M.D. or other)

Address: Carthage, Mo., Date signed 3-6-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

RECEIVED
District Health Officer No. 6,
District File Number 4240-1157
Date Filed APR 1 5 1940

109

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 Edlemer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.

. 2B
-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11388

Registration District No. 408 Primary Registration District No. 5564 Registrar's No. 59

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Jasper

(b) ~~City or town~~ Madison Tus
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Thomas Courtney

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 90 Months 7 Days 0 If less than one day hrs. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5 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 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (bronchopneumonia bilateral) Duration 2 wks

Due to

Due to

107W

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

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

23. Signature W. Russell Smith (M. D. or other)
Address Carthage Mo Date signed

11388 (1940)