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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

14224

State File No.

MAY 15 1940

Registration District No. 53

Primary Registration District No. 3005

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rich Hill
(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 Isaac Arron Petty 300

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Mollie Petty

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

7. Birth date of deceased Oct. 3 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 7 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

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

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

16. (a) Informant Clyde Crossland
(b) Address Rich Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

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

19. (a) April 11, 1940 (Date received local registrar) (b) Claude J. Allen M.D. R.S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 10
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from March 14, 1940, to April 10, 1940
that I last saw him alive on April 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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)

(e) While at work? (e) Means of injury

23. Signature Pollie Smith (M. D. or other) MD

Address Rich Hill Mo Date signed 4/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-40-784
Date Filed 5-7-40

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

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.