

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15738

State File No.

Registration District No. 668

Primary Registration District No. 5887

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (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 2
 In this community Two Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
 (c) City or town La Monte - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #3
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 25 - 40
 year _____ hour 12 PM minute _____ M.

21. I hereby certify that I attended the deceased from Apr 25 1940 Apr 26 1940
 that I last saw him alive on Apr 25 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
and Pulmonary Stenosis

Due to _____
 Due to _____

Other conditions arteriosclerotic nephritis
 (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?

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

23. Signature J. Mitchell (M. D. or other) _____
 Address Sedalia Mo Date signed _____

3. (a) PRINT FULL NAME ALEXANDER SZABO 100
 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 Single

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

7. Birth date of deceased 6 - 28 - 1916
 (Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph Szabo

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

14. Maiden name Wileen Schney

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

16. (a) Informant's own signature J. A. Buckley

(b) Address La Monte Mo

17. (a) Burial (b) Date thereof 4-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director B. F. Parker

(b) Address La Monte Mo.

19. (a) 4-26-40 (b) Wm. Henry Smeed
 (Date received local registrar) (Registrar's signature)

WHILE FILLING IN USE DIVIDING 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 X1031

920

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-15-40

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-736
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 668

Primary Registration District No. 5887

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

1. PLACE OF DEATH

(a) County Pettis

(b) City or town Hughesville
(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 Alexander Szabo

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 s

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	Months	Days	If less than one day
<u>23</u>	<u>9</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 25
year 1940 hour _____ 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: Coronary Arteriosclerosis

Due to _____

Due to Chronic Interstitial Nephritis

Other condition: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. E. Mitchell (M. D. or other) _____

Address Hughesville _____

SUPPLEMENTARY

