DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19044

Registration District No. 582 — Primary Registration District No. 5779 — Registrar's No. 22

1. PLACE OF DEATH:
(a) County Monroe Co Infirmary
(b) City or town Paris Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Monroe Co Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two Weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monroe
(c) City or town Holliday
(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 JNO TIMPLE DIVERS
3. (b) If veteran, name war
3. (c) Social Security No. 494-145829
4. Sex M
5. Color or race W
6. (a) Single, ~~widowed, married, divorced~~
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 12 (Day) 1886 (Year)

8. AGE: Years 53 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Holliday Monroe Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation R R Labor
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's own signature Blanch Cutright
(b) Address Holliday Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Holliday Mo
18. (a) Signature of funeral director Fred E Thompson
(b) Address Madison Mo
19. (a) JUN 11 1940 (Date received local registrar) (b) F. A. Barnett, M.D. (Registrar's signature) 11-21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1940 hour 4 minute a M.
21. I hereby certify that I attended the deceased from May 24, 19__, to June 11, 1940 that I last saw him alive on June 11, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Internal Infirmity	2 wks
Due to	
Due to	
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 Geo M. Kelly M.D. or other
Address Paris Mo Date signed 6-11-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Earl A. Thompson

Licensed Embalmer No. 1420

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.

. No. 2B
—2-21-40
1 X22659

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

ROWENS MOORE

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 19044

Registration District No. 582 Primary Registration District No. 5779 Registrar's No. 22

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Jackson T. P.
(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)

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 Jno Timpie Divers
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 8
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
	53	7	29	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name N. K. Divers
13. Birthplace N. K. (City, town, or county) (State or foreign country)
14. Maiden name N. K.
15. Birthplace N. K. (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) June 11, 1940 (Date received local registrar) (b) J. A. Barnett M. D. (Registrar's signature) (R-P)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
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that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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.

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(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 Geo W Ragsdale M.D. (M. D. or other)
Address Paris Mo. Date signed

S-19044