

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1940 JUN 29 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19743

State File No. _____

Registration District No. _____ Primary Registration District No. 6101 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Blizzard
(b) City or town Exeter R 2
(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 Mo (b) County Blizzard
(c) City or town Exeter R 2
(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 Mo Daniel 550

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased 5/27-40
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day hr. L min.

9. Birthplace Exeter Mo R 2
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Charles Emanuel

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

14. Maiden name Anna du North

15. Birthplace Exeter Mo R 2
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Emanuel

(b) Address Exeter Mo

17. (a) Burial (b) Date thereof 5/28 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lyonsville Cem.

18. (a) Signature of funeral director _____ 754

(b) Address _____

19. (a) 5/28/40 (b) J. G. P. Branson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 1940 hour 12 midnight

21. I hereby certify that I attended the deceased from 5/27 40
to 5/28 40, 19____;
that I last saw him alive on 5/27, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature J. G. P. Branson (M. II. S. No.) _____
Address Exeter Date 5/28/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

I X1981

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.

PLEASE PRINT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2,

District File Number 640 - 115

Date Filed 6/20/40

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.