S. No. 2
—11-10-39
v. 5-17-39
I X21492

108

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. 23050

Registration District No. 878 — Primary Registration District No. 6160 — Registrar's No. 137

FILED JUL 15 1940

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Center (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community Seven months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural (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 HERBERT EVERET PAGE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ava Elfie

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

7. Birth date of deceased Apr (Month) 9 (Day) 1871 (Year)

8. AGE: Years 71 Months 1 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Bates County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farming 1

11. Industry or business ✓

FATHER
12. Name Ava E. Page
13. Birthplace (City, town, or county) NEW YORK (State or foreign country)

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

16. (a) Informant J. M. Brown

(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Round Prairie

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) May 13 (Date received local registrar) (b) Allen E Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Apr 12, 1940, to May 12, 1940, that I last saw him alive on May 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage. — Duration first about 6 mo ago. again May 8-1940

Due to Arterio Sclerosis — Don't Know

Due to

Other conditions Pleurisy with effusion. (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 82 W

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? 795 (Specify type of place)

While at work? (e) Means of injury

23. Signature W S Love MD (M. D. or other)

Address Nevada, Mo Date signed 5/13/40

(Licensed Embalmer's Statement on Reverse Side)

845

RECEIVED
District Health Officer No. 7
District File Number 6-40-848
Date Filed 6-24-40

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 me on the 17th day of May 1940, Registered Apprentice No. _____ working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.