

24506

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 26

Primary Registration District No. 5034

1. PLACE OF DEATH:

(a) County Audrain

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

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

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

In this community unknown
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Audrain County Farm
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Frank Miller H60

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Carrie Miller

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 12
year 1940 hour 3 minute 10 M.

21. I hereby certify that I attended the deceased from 7-11-40
_____ 19 7-12-40;
that I last saw him alive on 7-12-40
and that death occurred on the date and hour stated above.

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

About 82

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Arterial sclerosis

Due to Age

Other condition old hemiplegia
(Include pregnancy within 3 months of death)

16. (a) Informant's own signature T. E. Pruitt

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof July 14, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thompson Mo.

18. (a) Signature of funeral director T. E. Pruitt

(b) Address Mexico, Mo.

19. (a) July 13, 1940 (b) Blanche Neely
(Date recorded local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy no 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. P. Harrison (M. D. or other) _____
Address Mexico Mo Date signed 7-13-40

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
U. S. G. P. 16-10811

RECEIVED

District Health Officer No. 10

District File Number E-40-1515

Date Filed AUG 8 1940

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.