

REC AUG 16 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24935

State File No. _____

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 65

1. PLACE OF DEATH: Found clay Co.
 (a) County Franklin
 (b) City or town Liberty
 (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 In Mo River (Specify whether _____)
 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 Unknown, 525
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22
 year 1949 hour _____ minute _____ M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Mar
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Found In Mo. River 19____;
 that I last saw h_____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased _____ (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death due to drowning
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9
 10. Usual occupation ?
 11. Industry or business ?
 MOTHER FATHER { 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)

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature _____
 (b) Address _____
 17. (a) _____ (b) Date thereof 6-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clay Co. Farm
 18. (a) Signature of funeral director Harold Carter
 (b) Address Liberty Mo.
 19. (a) 6-27-40 (b) John Carter
 (Date received local registrar) (Registrar's signature)

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?
940 While at work? _____ (Specify type of place) _____
 23. Signature Mrs W. E. Young corner (M. D. or other) _____
 Address Liberty Clay Co Missouri Date signed _____

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-40

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.....

W. O. Embert, Registered Apprentice No.
working under my personal supervision

Signed *Impossible J. H. Hessel*

Licensed Embalmer No. *2509*

P. O. Address *Liberty, 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.