

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25947

State File No. _____

Registrar's No. _____

Registration District No. 929

Primary Registration District No. 5822

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural
(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 13-3-25 (Specify whether years, months or days)

8. (a) PRINT FULL NAME Delbert M. Tanz 521
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 31 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 3 25 hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Scholar

11. Industry or business _____

MOTHER FATHER
12. Name Conrad Tanz
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Villhardt
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature D. L. Jones
(b) Address Uniontown Mo.
17. (a) Burial (b) Date thereof July 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Uniontown Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) Aug 1 1940 (b) B. H. Halter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Accidental drowning while bathing in Apple Creek Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy none

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) accident
(b) Date of occurrence July 26 1940
(c) Where did injury occur? in creek near his home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
578 (Specify type of place)
While at work? no (e) Means of injury _____
23. Signature Dr. Bailey M. D. (M. D. or other)
Address Perryville Mo Date signed 27 1940

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.

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. *2138*

P. O. Address *Perryville 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.