

157 AUG 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27807
Do not use this space.

1. PLACE OF DEATH
 (a) County Baltimore Registration District No. 1
 (b) Township Benton Twp Primary Registration District No. 200
 (c) City Keokukville Mo Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Arminia Partin (Partin)
 (a) Residence, No. 1035 Keokukville Mo R.F.D.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Partin 1858

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-2-1838

7. AGE YEARS 41 MONTHS 9 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

FATHER
 13. NAME Harvey Slopebeck
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 9

MOTHER
 15. MAIDEN NAME Nancy J. Slopebeck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 9

17. INFORMANT Mrs Cassie B. Clifton
 (ADDRESS) Keokukville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE burial DATE Aug 26 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spencer & Freeman
Keokukville Mo

20. FILED Sept 2 1940 Keokukville Mo
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1 1940 to Aug 24 1940
 I last saw h. or alive on Aug 22 1940 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset _____

Other contributory causes of importance: 46

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify St. Ch. Master
 (Signed) _____ (Address) Keokukville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1 X16803

RECEIVED

District Health Officer No. 10

District File Number 9-40-1718

Date Filed SEP 9 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.....

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

working under my personal supervision.

Signed Jack Rogers

Licensed Embalmer No. 3699

P. O. Address Helena

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.