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K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28390

FILED AUG 19 1940

5346

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: Daviess *Salem Mo*
 (a) County _____
 (b) City or town 2 1/2 Miles S&W Coffey, Mo.
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days) All His Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Daviess
Rural
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 Miles S & W of Coffey, Mo. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Paul G. Read 307
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8/25/40 day _____
 year _____ hour 9 minute _____ P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Guernsey Read 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased September 24 1898
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Suicide, Gun shot Duration _____

8. AGE:	Years	Months	Days	If less than one day
<u>41</u>	<u>10</u>	<u>4</u>		hr. _____ min.

Due to _____
 Due to 167
 Other conditions _____ (Include pregnancy within 3 months of death)

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

10. Usual occupation Farming
 11. Industry or business Farmer & Feeder

MOTHER FATHER
 12. Name Elmer L. W. Read
 13. Birthplace Daviess Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ora Bell Merritt
 15. Birthplace Daviess Mo
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant M. L. Read
 (b) Address Coffey, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence _____
 (c) Where did injury occur? Coffey, Daviess
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
22-15 (Specify type of place) _____
 While at work? (e) Means of injury _____

17. (a) Burial (b) Date thereof 8/28/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Coffey, Mo.

18. (a) Signature of funeral director G. S. Gomer
 (b) Address Pattonsburg, Mo.

23. Signature F. Frank Hedges (M. D. coroner)
 Address Pattonsburg, Mo. Date signed 8/30/40

19. (a) Sept 9 (b) Miss H. Pennington
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Coroner

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 11,

District File Number 940-1397

Date Filed SEP 12 1948

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. 2857

P. O. Address Davensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.