

No. 2  
11-1-1939  
3-17-39  
X2142

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28916

SEP 23 1940  
Registration District No. 464

Primary Registration District No. 5627

State File No. \_\_\_\_\_  
Registrar's No. 35-

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

1. PLACE OF DEATH:  
(a) County Lafayette *Inc. - a. for*  
(b) City or town \_\_\_\_\_ miles west of Odessa 40  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 3  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) County California  
(b) City or town Los Angeles  
(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 Alice Ford  
(b) If veteran, name war. \_\_\_\_\_  
(c) Social Security No. *None*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 8 day 13  
year 1940 hour 5 minute 30 P. M.

4. Sex Fe  
5. Color or race W  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 22 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-3-40 to 8-3-40, 1940 to 8-3-40, 1940  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 2 Days 7  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Fracture of skull  
Due to: auto accident - car turned over - no collision  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace: Coopville, Penn.  
(City, town, or county) (State or foreign country)  
10. Usual occupation: At Home

11. Industry or business \_\_\_\_\_  
12. Name: ~~xxxxxx~~ George Lindsey  
13. Birthplace: Not Known  
(City, town, or county) (State or foreign country)  
14. Maiden name: Not Known  
15. Birthplace: " " (City, town, or county) (State or foreign country)

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: ~~xxx~~ Rece Ford  
(b) Address: 3942 S Broad, St. Louis, Mo.  
17. (a) Removal (b) Date thereof: 8/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: St. Louis Mo. 416  
E. L. Husman

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): Accident  
(b) Date of occurrence: 8-3-40  
(c) Where did injury occur?: *Corona Lafayette Mo*  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
*Away at 403 mi. - Odessa*  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director: \_\_\_\_\_  
(b) Address: Odessa, Mo.  
19. (a) 8-4-40 (b) Mrs. E. M. Gordon  
(Date received local registrar) (Registrar's signature)

23. Signature: *E. M. Gordon* (M. D. \_\_\_\_\_)  
Address: *Odessa Mo* Date signed: *8/4/40*

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 9-5-40

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Joseph T. Freeman

Licensed Embalmer No. 2541

P. O. Address Adessa, 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.