

FILED SEP 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29304

Registration District No. 617

Primary Registration District No. 1862

Registrar's No. 86

## 1. PLACE OF DEATH:

- (a) County Pemiscot  
 (b) City or town Little Prairie  
 (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  
 In this community About two weeks (Specify whether  
 years, months or days): 425

3. (a) PRINT FULL NAME J.B. Wilson

3. (b) If veteran, name war unknown 3. (c) Social Security No. D.K.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced D.K. ie

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 11, 1913  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
26 8 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Dont Know  
(City, town, or county) (State or foreign country)10. Usual occupation Common Labor11. Industry or business None

MOTHER FATHER  
 { 12. Name D.K.  
 { 13. Birthplace D.K.  
 { 14. Maiden name D.K.  
 { 15. Birthplace D.K.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Association Reckards

(b) Address  
 17. (a) Burial (b) Date thereof 9, 2, 40.  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Grove Cemetery

18. (a) Signature of funeral director J.L. German  
Steele, Mo. 585  
 (b) Address

19. (a) Sept. 3, 1940 (b) Ada Martin  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot  
 (c) City or town Near Steele, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. "Rural" Little Prairie  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ year.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
 year 1940 hour 10 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

Homicide

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy no

Duration

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Homicide  
 (b) Date of occurrence Aug 30, 1940  
 (c) Where did injury occur? St. Michaels Sporthaus, near No  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm

While at work? No (Specify type of place)  
 (e) Means of injury stabbed

23. Signature Ada Martin (M, F or other)  
 Address Steele, Mo Date signed 9/3/40

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

9-40-22

**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.....

P. O. Address.....

**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.**