

STANDARD CERTIFICATE OF DEATH

State File No. **32445**
Registrar's No. **46**

FILED OCT 23 1940
477

Registration District No. **477**

Primary Registration District No. **200**

1. PLACE OF DEATH:
 (a) County **Lewis** *Canton Mo*
 (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 **20**
(Specify whether
 In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lewis**
 (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.

3. (a) PRINT FULL NAME **Frank Job**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **3rd**
 year **1940** hour **6** minute **30 P.** M.

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Daisy Schiver**
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **August 4 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **MAY - 10 1939** to **SEPT 3 1940**
 that I last saw him alive on **SEPT. 2 1940**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	72	0	29	hr. _____ min. _____

Immediate cause of death **Carcinoma of face**
 Duration **6 yrs.**

9. Birthplace **Lewis County, Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer**
 11. Industry or business **Farming**

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name **William Job**
 13. Birthplace **Lewis County, Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sarah PEATHER**
 15. Birthplace **Lewis County, Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Daisy Job**
 (b) Address **Canton, Mo.**
 17. (a) **Burial** (b) Date thereof **Sept. 5, '40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Wyaconda Church**
 18. (a) Signature of funeral director **Earl H. Barkley**
 (b) Address **Canton, Mo.**
 19. (a) **Sept. 3-40** (b) **P. W. Jennings**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 907
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **P. W. Jennings** (M. D. or other) _____
 Address **Canton Mo.** Date signed **Sept. 3-40**

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

6

52

RECEIVED

District Health Officer No. 10

District File Number 10-40-1956

Date Filed OCT 18 1940

STATEMENT BY LICENSED EMBALMER

not

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

or any one by request of the deceased.

Registered Apprentice No.

working under my personal supervision.

Signed

Carl A. Barkley

Licensed Embalmer No. 2615

P.O. Address

Canton, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32440

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 477

Primary Registration District No. 200

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton T.P.
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME Francis Job

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

(Data received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lewis

(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.

20. DATE OF DEATH: Month Sept day 3 year 1940 hour _____ minute _____ M.

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 Carcinoma of face

Due to Primary site at ala of nose

Due to _____

Other conditions (Include pregnancy within 3 months of death) 52

Major findings: Of operations _____

Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (r) Means of injury _____

23. Signature Pre Jennings (M. D. or other) _____

Address Canton Mo. Date signed 11-23-40

SUPPLEMENTARY

