

1940

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

32637
Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 919
(b) Township Harborside Primary Registration District No. 5793a Registered No. 21
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LOREN DON MONTEER
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 6
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Stover Mo
13. NAME Coleman Monteer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover Mo.
15. MAIDEN NAME Cecil Goings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stover Mo.
17. INFORMANT (ADDRESS) Coleman Monteer Stover Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Cem DATE Oct. 1, 40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rappo Stevens Stover Mo
20. FILE Oct 10 40 Thos Ripberger Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1940 to Sept 30, 1940
I last saw him alive on Sept 30, 1940 Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:
Premature Birth (6 1/2 mo Gest) Date of onset 154
Other contributory causes of importance: _____
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? No
If so, specify _____ (Signed) Chas A West, M. D.
(Address) Stover Mo

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1500

Date Filed 10-14-40

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 _____

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.