

No. 2  
4-13-40  
5-17-39  
I X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35987

State File No. ....

Registration District No. 660

Primary Registration District No. 4BFB

Registrar's No. ....

NOV 20 1940

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo.

(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 2 (Specify whether 0)

In this community 1-1-22 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Jean C. Probst

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 3 1939 (Year)

7. Birth date of deceased July (Month) 3 (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Oscar L. Probst

13. Birthplace Perry Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Ruth Vossell

15. Birthplace Perry Co Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Oscar L. Probst

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug. 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Yancy Soss

(b) Address Perryville Mo.

19. (a) Aug 27 1940 (Date received local registrar)

(b) Joe J. Zellen (Signature) (Specify signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1940 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 22 1940, to Aug 25 1940; that I last saw her alive on Aug 24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum 6 days

Due to Whooping Cough 3 weeks

Due to Trench mouth 6 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? 595 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Oscar A. Carron (M. D. or other) \_\_\_\_\_

Address Perryville Mo Date signed 8-26-40

**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. *2138*

P. O. Address *Lansville 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.**