

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28513

Registrar's No. 20

Registration District No. 206

Primary Registration District No. 528X

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Lathrop RFD Lathrop, 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 None

In this community Home, Lathrop, Mo.

3. (a) PRINT FULL NAME Unnamed

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 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 _____ years

7. Birth date of deceased Oct. 13 1940

(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 5 min.

9. Birthplace Lathrop, RFD Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Myron Gale Silvious

13. Birthplace Turney Mo.

14. Maiden name Nina Ruth Hutton

15. Birthplace Turney Mo.

16. (a) Informant Myron Gale Silvious

(b) Address Lathrop, Mo. Turney, Mo.

17. (a) S.E. Hutton, Farm (b) Date thereof Oct. 14 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.E. Hutton Farm

18. (a) Signature of funeral director W. Polansky

(b) Address 215-217 W. Third, Cameron, Mo.

19. (a) Oct 14 (b) W. E. Bunker

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Lathrop 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8:30 PM Oct 13, 1940, to 9:30 PM Oct 13, 1940 that I last saw him alive on Oct 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? 1911

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. D. James (M. D. or other) 3

Address Cameron Mo Date signed 10/14/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 No Embalming Done, Registered Apprentice No. _____
working under my personal supervision.

Signed

James Scott Huckshorn

Licensed Embalmer No. 4092

P. O. Address Camden, Missouri

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.