

NEW JAN 9 1947

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

42298
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 231
 (b) Township Union Primary Registration District No. 5215 Registered No.
 (c) City Keosauqua (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

(a) Residence, No. 200 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

3. SEX M. 4. COLOR OR RACE W. 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) Dec 6, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, 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) Crawford Mo

FATHER 13. NAME Emory Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua MO

MOTHER 15. MAIDEN NAME Daphne Benton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood MO

17. INFORMANT (ADDRESS) Emory Smith Keosauqua MO

18. BURIAL, CREMATION OR REMOVAL PLACE Crematory DATE 12-7-40

19. FUNERAL DIRECTOR (ADDRESS) none

20. FILED 1-8-41 Ed Giblin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from no physician in attendance, 19...
 I last saw alive on Dec 6, 1940, 19... Death is said to have occurred on the date stated above, at... m.
 The principal cause of death and related causes of importance were as follows:
Died in 30 min after birth. Cause of death unknown.
No physician in attendance
 Other contributory causes of importance:
Attendance 2:00 PM

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?
 If so, specify
 (Signed) R. B. Passler M. D.
 (Address) Keosauqua MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

RECEIVED

District Health Officer No. 5,

District File Number 14100

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)