MISSOURI STATE BOARD OF HEALTH **飛門 JAN 25 1941** 42384 BUREAU OF VITAL STATISTICS AGE should be stated EXACTLY. PHYSICIANS should state assified. Exact statement of OCCUPATION is very important. CERTIFICATE OF DEATH Do not use this space. Registration District No..... Primary Registration District No.. (If death occurred in Hospital or Institution, write its name instead of street and number) where death occurred ds. (f) How long in U. S., if of foreign birth? (a) Residence, No..... (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH (MONTH, DAY, AND YEAR) deceased from MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) to have occurred on the date stated above, at 7. AGE MONTHS if LESS than 1 DAYS The principal cause of death and related causes of importance were as follows: so that it may be properly classified. day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carefully supplied. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) occupation..... .causes of importance: 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME should 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) What test confirmed diagnosis? Was there an autopsy?..... 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN) Where did injury occur?.... (STATE OR COUNTRY) (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?..... 20. FILED Local Registrar. Licensed Embalmer's Statement on Reverse Side

RECEIVED			
District Health.	Officer	No.	6,
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Disruct File Country	JAN 15	1941	•
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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

STATEMENT BY LICENSED EMBALMER

Signed.

Registered Apprentice No......, working under my personal supervision.

fffre De

Licensed Embalmer No.

with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

o. 2B 21-40 X22 659	DEPARTMENT OF COMMERCE 75 STANDARD CERTIFE BUREAU OF THE CENSUS Registration District No	FICATE OF DEATH State File No. 42384
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County Devalue (c) City or town (If outside city or town limits write "RURAL") (d) Street No. (If rural, give location)
	In this community	20. DATE OF DEATH Month day year hour minute M. 21. I hereby certain that I attended the deceased from
	5. Color or race	
	8. AGE: Years Months Days If less than one tay property of the	Due to
	10. Usual occupation. 11. Industry or business. 12. Name. 13. Birthplace. (City, town, or county) (State or foreign country)	(Include pregnancy within 3 months of death) Major findings: Of operations. Underline the cause to which death Of autopsy Of autopsy Clinicular pregnancy within 3 months of death and the cause to which death should be charged sta-
WRITE PI	15. Birthplace (City, town, or county) (State or foreign country) 16. (a) Informant (b) Address (b) Address (b) Country (b) Date thereof (Month) (Day) (Year)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)
	(c) Place: burial or cremation	While at work? (Specify type of place) While at work? (c) Means of injury 23. Signature (M. D. or other) Address Date signed

