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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42657**
Registrar's No. **10**

JAN 16 1941
Registration District No. **360**

Primary Registration District No. **5505**

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

1. PLACE OF DEATH:

(a) County Wickliffe

(b) City or town Hermitage Center
(If outside city or town limits, write "RURAL" and name of township)

(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 12 yrs (Specify whether 2)

In this community 12 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wickliffe

(c) City or town Hermitage Center twp
(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.

3. (a) PRINT FULL NAME Wm A. Journey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1940 hour 1 minute 12:45 M.

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie Journey 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Nov 6, 1870 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 12 1940 to Nov 16 1940 that I last saw him alive on Nov 14 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months — Days 10 If less than one day hr. _____ min. _____

Immediate cause of death chronic myocarditis Duration 6 mos

Due to arteriosclerosis 2 yrs

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo

10. Usual occupation merchandise

11. Industry or business _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Emmett Journey

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

14. Maiden name Jane Carlan

15. Birthplace _____ (City, town, or county) (State or foreign country) Mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant E. S. Journey

(b) Address Chilwood, Mo

17. (a) burial (b) Date thereof Nov 17 40 (Month) (Day) (Year)

(c) Place: burial or cremation Hermitage Cem

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? _____

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

(b) Address Wheatland, Mo

19. (a) 11/25/40 (b) Amice McKinley (Date received local registrar) (Registrar's signature)

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While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature L. A. Ploce (M. D. or other) MD

Address Yuba, Mo Date signed 11/20/40

RECEIVED

District Health Officer No. 7;

District File Number 1-41-43

Date Filed 1-4-47

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 J. P. Lucany

Licensed Embalmer No. 2982

P. O. Address Wheatland

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.