

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43547**

1940 JAN 25 1941
Registration District No. **4433**

Primary Registration District No. **5919** Registrar's No. **103**

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

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Platte City No. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 2
In this community One year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Platte City, No. Rural
(If outside city or town limit, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1940 hour 5-0 clock minute 30 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Hemorrhage
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration Instant
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Emza Jones

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased July 26th, 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Westerville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business None

12. Name Samuel Graham

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

14. Maiden name Maranda Carter

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

16. (a) Informant Rula Doughty

(b) Address Platte City No. #2

17. (a) Burial (b) Date thereof Dec. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden Point No. Cem.

18. (a) Signature of funeral director Stinson Davis

(b) Address Dearborn, Missouri

19. (a) Dec. 29th (b) Ed. R. Sullivan
(Date received local registrar) (Registrar's signature)

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? 622
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature E. R. Sullivan (M. D. or other) _____
Address Champion, Vermont Date signed Dec 29 1940

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 Russell Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn 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, above space should be left blank.