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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1663

State File No. _____

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(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 _____ (Specify whether)
In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME William Thomas Divine

3. (b) If veteran SS. 499-10-9220 name war _____
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Divine
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 20th, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Milford, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Ebenizer Divine
13. Birthplace Dade CO. MO.
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Englentine
15. Birthplace Dade CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah Divine
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 1-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Round Prairie Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) 1-8-1941 (b) Mrs Josephine Mynatt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th
year 41 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 6
1941 to Jan 7, 1941;
that I last saw him alive on Jan 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Complete Heart Block
Cardiac Decompensation

Duration
3 Days
3 Days

Due to _____
Due to 45 C

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

Major findings:
Of operations _____
Of autopsy _____

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

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? _____

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

23. Signature Lesa T. Biechel (M. D. or other) Med.
Address Lamar, Mo. Date signed 1-8-41

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

RECEIVED

District Health Officer No. 6,

District No. 141-230

Date Filed FEB 7 1941

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 Reed P. Power

Licensed Embalmer No. 3141

P. O. Address Lamar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.