

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2151

2151

FEB 20 1941

Registration District No. 146

Primary Registration District No. 5209

Registrar's No. 44

1. PLACE OF DEATH:

(a) County. Carter
(b) City or town. Fremont (rural)
(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 50 year (Specify whether years, months or days)
In this community 50 year

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Carter
(c) City or town. Fremont (Rural)
(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 Martha Sanders

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

4. Sex. F 5. Color or race. W 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased. Aug 30 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace. Hartshorn, Texas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

12. Name. James Tindle
18. Birthplace. unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Unknown
15. Birthplace. _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature. [Signature]
(b) Address. [Address]

17. (a) Burial (b) Date thereof. 2/2/41
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation. Pleasant Grove Cem

18. (a) Signature of funeral director. Davis-Zeuckel
(b) Address. Van Buren, Mo.

19. (a) Feb. 2, 1941 (b) Jessie D. Schuyf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 1941 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan. 26th,
1941, to Jan. 31st, 1941;
that I last saw h. ER, alive on Jan. 31st, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Broncho-Pneumonia, Duration 6 day

Due to _____
Due to _____

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. J. M. Colman (M. D. certificate) 0
Address. Van Buren, Mo. Date signed 2-14-41

COPIES OF THIS CERTIFICATE 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 X 19311

RECEIVED

District Health Officer No. 87

District File Number 241212

Date Filed

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. Allen Davis*

Licensed Embalmer No. 4053

P. O. Address Van Dusen

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2187

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 146

Primary Registration District No. 8209

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Pike T.P.
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Martha Sanders

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased Aug - 30 - 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 6, 1941 (b) Jessie D. Schupp (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 T. M. Cotton (M. D. or other)

Address New Bremen Date signed Jan

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ROWENA MOORE

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

SUPPLEMENTARY

11