

FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3071

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 6

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL ROCK
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME JOHN CHAMP

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-14-6465

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased. JANUARY 28 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER
12. Name BEN CHAMP
13. Birthplace ST. CLAIR Mo.
(City, town, or county) (State or foreign country)
14. Maiden name ORA TIMM
15. Birthplace ST. CLAIR Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant MR. BEN CHAMP

(b) Address BARNHART - Mo

17. (a) BURIAL (b) Date thereof FEB 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS Cem. ANTONIA Mo

18. (a) Signature of funeral director HEILSTAG FUNERAL HOME

(b) Address KIMMSWICK Mo

19. (a) Jan 31, 1941 (b) Phil. G. White 30
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR BARNHART, Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1941 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner's Inquest, 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 accidental cremation

Due to _____

Due to _____

Other conditions 30
(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) accident

(b) Date of occurrence Jan. 30, 1941

(c) Where did injury occur? Barnhart, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, or industrial place, in public place? Group & ferry station

While at work? No (Specify type of place)

(b) Means of injury Cremation

23. Signature Walter E. White (M. D. or other) Coroner 3

Address Oshtosh, Mo Date signed 1-30-41

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

AUG 28 1941

415H 1401

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

Body was not embalmed

Registered Apprentice No. _____

~~working under my personal supervision~~

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.