

No. 2  
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17-39  
X21492

EMER FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4108

Registration District No. 775 Primary Registration District No. 6020A Registrar's No. 4

1. PLACE OF DEATH  
(a) County St. Francois  
(b) City or town Booneville, Mo.  
(c) Name of hospital or institution: 1  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Booneville, Mo. 94  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. 105 Louisiana 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME JEFF DAVIS POSTON  
(b) If veteran, name war ✓ (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Jan. day 9  
year 1941 hour 6 minute P. M.

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased Sept. 2 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 9 1941 to Jan. 9 1941  
that I last saw h.l.m. alive on Jan. 9 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 7 If less than one day hr. min.

Immediate cause of death Cerebral hemorrhage Duration 1 day

9. Birthplace Hazel Run, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

Due to 1941  
Due to \_\_\_\_\_  
Other conditions Chronic nephritis, senescence  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Clas Simpson Poston  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Johanna Francis Ransom  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant John Poston  
(b) Address Booneville, Mo.  
17. (a) Cremation (b) Date thereof Jan. 12, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Morris Chapel  
18. (a) Signature of funeral director Benham Ford Co  
(b) Address 713 Benham, Booneville, Mo.  
19. (a) Jan. 13, 1941 (b) M. W. Hawthorn  
(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?  
698 (Specify type of place) While at work (a) Means of injury \_\_\_\_\_  
23. Signature Martin J. Haw (M. D. or other) M.D.  
Address Booneville, Mo. Date signed 1-13-41

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

**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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Booneville Tenn Tenn

**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.**