

FILLED APR 28 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Community Nursing Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Mo. 10 Days
 (Specify whether
 In this community Four Years
 years, months or days)

3. (a) PRINT FULL NAME William Henry Talbert

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

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

6. (b) Name of husband or wife Bertha Talbert 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased October 12 1927
 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Missouri, Adair County
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Barton Talbert

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

14. Maiden name Rura Oliver

15. Birthplace Davis County Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Marl Talbert - Son

(b) Address 1921 N. Osteopathy, Kirksville

17. (a) Burial (b) Date thereof April 4-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral

18. (a) Signature of funeral director B. E. Hopper

(b) Address Chapman Mo

19. (a) April 1/41 (b) Spencer L. Meenan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day First
 year 1941 hour Twelve minute 05 P.M.

21. I hereby certify that I attended the deceased from November Twenty First 1940 to April 1, 1941
 that I last saw him alive on April 1, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Brancho pneumonia Duration 2 Days

Due to Senile Debility

Due to

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations No Operation

Of autopsy No 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?

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

23. Signature P. P. Schulz (Mother) P. O.

Address near Wabasha, Kirksville, Mo Date signed 7/4/41

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

X26390

RECEIVED

District Health Officer No. 10

District File Number 4-41-822

Date Filed APR 14 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9884

Registration District No. 1 Primary Registration District No. 1 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kerrville
(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 Wm Henry Tolbat
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 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 _____ years
7. Birth date of deceased. Oct 12 1877
(Month) (Day) (Year)

8. AGE: Years 73 ~~74~~ Months 5 Days 19
If less than 1 day _____ 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) June 9/4 (b) Spencer L. Freeman
(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Apr day 1
year 1947 hour _____ minute _____ M.

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

Immediate cause of death _____ Duration _____
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 R.P. Schultz (M. D. or other) _____

Address Kerrville Mo Date signed _____

SUPPLEMENTARY

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

S-9884 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.....

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, fact should be so stated above.