

No. 2
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APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11285

Registration District No. 512

Primary Registration District No. 5682

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Utica Mo
(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 35 yrs _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Utica
(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.

3. (a) PRINT FULL NAME FRANCIS M DOME

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

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

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

7. Birth date of deceased Dec 15 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 3 2 hr. min.

9. Birthplace Elk Hart Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Ret.

11. Industry or business _____

12. Name Joseph Dome

13. Birthplace _____ 19 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ernest M Darr

(b) Address 3731 Blue Hill

17. (a) Burial (b) Date thereof Mar 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica Mo

18. (a) Signature of funeral director James B Gordon

(b) Address Bellevue Mo.

19. (a) Mar 19 1941 (b) Hazel Stanger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1941 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to March 17, 1941,
that I last saw him alive on March 1, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism

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?
451 _____
(Specify type of place) (e) Means of injury _____

23. Signature W. L. Carpenter (M. D. or other) 3/18/41

Address Childs Ave. Mo. Date signed 3/18/41

Duration 2 Mo.

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

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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 Donald Garland

Licensed Embalmer No. 4191

P. O. Address Chillicothe, Mo.

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.