DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17785

Registration District No. 312 Primary Registration District No. 5431a Registrar's No.

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

38
0
0

1. PLACE OF DEATH:

(a) County Gentry

(b) ~~City or town~~ ~~Gentry~~ Jackson Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Darlington Mo.R.R. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All life. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38

(c) City or town Darlington R.R. (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Wm.Case.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male ( )

5. Color or race Cau.

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

6. (b) Name of husband or wife Lydia M.Case

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May (Month) 19 (Day) 1866 (Year)

8. AGE: Years 74 Months 11 Days 25 If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Wm.M.Case.
13. Birthplace Long Island (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Eliza J.Williams.
15. Birthplace (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Lydia M.Case.
(b) Address Darlington Mo.R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5.7.1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fairport Mo.

18. (a) Signature of funeral director R.G.Taggart.
(b) Address 5/7/41 King City Mo

19. (a) (Date received local registrar) (b) Donald Gantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1941 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from April 28, 1941, to May 6, 1941; that I last saw her alive on May 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration 8 days

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? 2 84 (Specify type of place)
While at work? (e) Means of injury

23. Signature J N Barger (M. D. or other) 0
Address Albany Mo Date signed 5-7-41

(Licensed Embalmer's Statement on Reverse Side)

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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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
0—4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17785

Registration District No. 212 Primary Registration District No. 5431 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Jackson 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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME John Wm Case

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 W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1941 hour 1 minute M.

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

	Duration
Immediate cause of death Pneumonia	
Due to Bronchial	
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.

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

23. Signature (M. D. or other)
Address Date signed

S-17785