S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18221

Registration District No. 1029 Primary Registration District No. 5602 Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Knox

(b) ~~City or town~~ Rural - Shelton

(If outside city or town limits, write "RURAL" and name of township)

(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 Knox 52

(c) City or town Edina (Rural) Shelton 0

(If outside city or town limits write "RURAL")

(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 Guy ALEXANDER Rimer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M. U

5. Color or race W

6. (a) Single, ~~widowed, married,~~ divorced 50

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 2 (Day) 41 (Year)

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

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Guy Rimer
13. Birthplace Knox Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Florence Whitmire
15. Birthplace Knox Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Guy Rimer

(b) Address Edina Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Missouri

19. (a) May 9 1941 (Date received local registrar) (b) Mrs C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 2, 1941, to May 7, 1941; that I last saw him alive on May 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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? 3.05 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature N. E. Lunnan (M. D. ~~or other~~) U

Address Edina Mo Date signed May 7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1205
Date Filed JUN 19 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, above space should be left blank.