No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18298

State File No.

Registration District No. 491 Primary Registration District No. 5656 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) ~~City or town~~ Rural Clark
(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) In this Community 7 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57 0

(c) City or town Rural 0
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME AUGUST PUTTING

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

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 16 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	2	6	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

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

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

16. (a) Informant Jessie Putting
(b) Address Troy Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 41 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Missouri

19. (a) May 25-41 (Date received local registrar) (b) Mrs Pearl Muck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
year 1941 hour 11 minute 30 A.M.

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

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to 94 N	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M. P. Riddle Coroner
Address Troy Mo Date signed 5/22/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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, above space should be left blank.