DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18719

Registration District No. 690 Primary Registration District No. 5918 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Pike

(b) City ~~or town~~ Rural Hartford Township
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Rural - Bowling Green
(If outside city or town limits, write "RURAL")

(d) Street No. Hartford Township
(If rural, give location)

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

3. (a) PRINT FULL NAME George Mc George

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 Single

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

7. Birth date of deceased Jan (Month) 8 (Day) 1917 (Year)

8. AGE: Years 24 Months 3 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name William Clay Mc George
13. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Bessie Baxter
15. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Clay Mc George
(b) Address Bowling Green, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley, Mo

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green, Mo

19. (a) 5-4-1941 (Date received local registrar) (b) Mrs Lyss Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour ____ minute ____ 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: Suicide By Gun Wound	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) 164	
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) Suicide
(b) Date of occurrence 5-4-41
(c) Where did injury occur? Rural - Pike Co. Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature M. Smith Coroner (M. D. ____)
Address Louisiana Mo Date signed 5/4

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 X19511

RECEIVED
District Health Officer No. 10
District File Number 6-41-1132
Date Filed JUN 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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green

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.