S. No. 2
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P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19269

Registration District No. 870 Primary Registration District No. 1-152 H Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Deerfield twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Moundville, Mo / Rt H 1. (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 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

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

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

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

3. (a) PRINT FULL NAME Charles Lee Senter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Grace E. Senter

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept (Month) 12, (Day) 1849 (Year)

8. AGE: Years 91 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Gracen Co. (City, town, or county) / Virginia (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name James Harvey Senter

FATHER 13. Birthplace unknown (City, town, or county) / Va. (State or foreign country)

MOTHER 14. Maiden name Mary Baber

MOTHER 15. Birthplace unknown (City, town, or county) Va (State or foreign country)

16. (a) Informant Grace G. Senter

(b) Address Moundville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) April 15-41 (Date received local registrar) (b) Mrs N B Prum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4, year 1941 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Dec Jan 22 1941, to 19; that I last saw him alive on Jan 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon	7
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Pearce (M. D. or other) MD

Address Nevada Mo Date signed 3/5/41

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd R Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.