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FILED JUN 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19333

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove, Mo

(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 Mo (b) County Wright

(c) City or town Mountain Grove, Mo (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME James Mc Gar

3. (b) If veteran, name war DR

3. (c) Social Security No. 57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day April
year 1941 hour 12:30 -minute P. M.

4. Sex Male

5. Color of hair White

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

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

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

7. Birth date of deceased Feb. - 11 - 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 10, 1941, to 4-11, 1941; that I last saw him alive on 4-11, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>2</u>	hr. min.

Immediate cause of death Coronary occlusion & rth

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

10. Usual occupation Farmer

Due to _____

Due to 44 W

11. Industry or business _____

12. Name Tom Mc Gar

13. Birthplace Dora, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

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.

16. (a) Informant Bill Hodge

(b) Address mnt. Grove, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 14/45-4
(Month) (Day) (Year)

(c) Place: burial or cremation Sweatons

18. (a) Signature of funeral director Russell Barber

(b) Address mnt. Grove, Mo

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

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? _____

23. Signature Dr. H. H. Stame (M. D. or other) _____

Address Mountain Grove, Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6

District File No. _____

Date Filed _____

RECEIVED

District Health Officer No. 6,

District File Number 641-945

JUN 13 1941

Date Filed _____

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 _____

Russell Barber

Licensed Embalmer No. _____

3848

P. O. Address _____

Mtn. Grove

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19338

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Madison Grove
(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 _____ (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 James Mc Gav

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 m

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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13
year 1941 hour _____ 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.

Immediate cause of death _____

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation _____

Major findings:
Of operations _____

11. Industry or business _____

Of autopsy _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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? _____

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

23. Signature H. G. Frame (M. D. or other) _____

Address Madison Grove Date signed _____

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

SUPPLEMENTAL

19338