

2  
3-40  
-39  
C23189

FILED JUN 16 1941

193889

MISSOURI STATE BOARD OF HEALTH

8

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 27

**1. PLACE OF DEATH:**

(a) County Andrew

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

(c) Name of hospital or institution: 306 West Market  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Andrew

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

(d) Street No. 306 West Market  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Karen K. Dymond

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

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day 25 year 1941 hour 4 minute 15 A.M.

4. Sex M 5. Color or race W

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

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

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

7. Birth date of deceased: 5 (Month) 19 (Day) 1941 (Year)

21. I hereby certify that I attended the deceased from May 1941, 1941, to May 25, 1941; that I last saw her alive on May 24, 1941; and that death occurred on the date and hour stated above.

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death jaundice Duration \_\_\_\_\_

Due to congenital jaundice

Due to \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

Other conditions 161 C (include pregnancy within 3 months of death)

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Robert Dymond

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

14. Maiden name Glara Alma Holand

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

Major findings: Of operations none

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Dymond

(b) Address Savannah mo

17. (a) 0 (b) Date thereof 5-25-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah

18. (e) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) May 25-41 (b) Mrs. Jennie Rash  
(Date received local registrar) (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? 9st

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

23. Signature J. C. Hoshel (M. D. or other) (1)

Address Savannah mo Date signed 5/25/41

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

**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..... *E. C. Breit*.....  
Licensed Embalmer No. *2650*.....  
P. O. Address..... *Savannah*.....

**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.**