FILED JUL 14 1941

S. No. 2
—1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21028

State File No.

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 100

4
1
2

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
O Audrain Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. Audrain County Farm O
(If rural, give location)

(e) Citizen of foreign country? no (~~Yes or~~ No)

If yes name country

3. (a) PRINT FULL NAME Joe Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex O 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 April (Month) 26 (Day) 1854 (Year)

8. AGE: Years 87 Months 2 Days O If less than one day hr. min.

9. Birthplace Audrain County (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown a (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) a (State or foreign country)

16. (a) Informant Charles Clark
(b) Address Benton City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Unity Cemetery Audrain Co

18. (a) Signature of funeral director Earl E. [illegible]
(b) Address Mexico, Mo.

19. (a) June 27 1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 9 minute 46 P.M.

21. I hereby certify that I attended the deceased from 6-19-41, 19 to 6-26-41, 19; that I last saw him alive on 6-26-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to

Other conditions Senile changes
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

107

Duration

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. F. Hanson (M. D. or other)
Address Mexico Mo Date signed 6-27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1246
Date Filed JUL 10 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

Earle, E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.