

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21074

State File No. _____

Registration District No. _____

Primary Registration District No. 5082

Registrar's No. 24

1. PLACE OF DEATH:

(a) County BATES
(b) City or town Rich Hill 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 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County BATES
(c) City or town Rich Hill 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3RD
year 1941 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from June 1, 1941, to June 3, 1941;
that I last saw him alive on June 3, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial infarction
Duration _____

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? _____

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

23. Signature Clayde J. Allen (M. D. or other) _____
Address Rich Hill Mo Date signed June 4

3. (a) PRINT FULL NAME EULALIA ABBOTT

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced =

6. (b) Name of husband or wife WM-H ABBOTT 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAR-6-1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name COLE LATOONISE

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

14. Maiden name KUTIE CHRISTIE

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

16. (a) Informant Adam Blackwell

(b) Address Rich Hill Mo

17. (a) Burial (b) Date of death June 5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmond Kansas

18. (a) Signature of funeral director Byrd Swice

(b) Address Rich Hill Mo

19. (a) June 4, 1941 (b) Clayde J. Allen
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7-0

District File Number 7-41-1181

Date Filed 7-14-41

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 3585

P. O. Address

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.