

S. No. 2
1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21548**

Registration District No. **244** Primary Registration District No. **6338** Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Dallas
 (b) City or town Rural Jones
(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 Mo (b) County DALLAS
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Pl & Mo
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIS MEDLEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 10
 year 1941 hour 5 minute 2 M.

4. Sex M **5. Color or race** W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Maudie Medley
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 8 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-10-1941 to 6-27-1941
 that I last saw him alive on 4-27-1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pulmonary T.B.

8. AGE: Years 59 Months 4 Days 2
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Mo. O
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name John Medley
13. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Taylor
15. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant Maudie Medley
 (b) Address Pl & Mo
**17. (a) Burial (b) Date thereof 6-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pl & Cem
18. (a) Signature of funeral director L. B. Jones
 (b) Address Buffalo Mo
19. (a) 7-7-41 (b) Mrs C. B. Reed
(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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. E. Howell (M. D. or other) MO
 Address Buffalo, Mo. Date signed 7-3-41

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

30
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RECEIVED

District Health Officer No. 7,

District File Number 7-41-1171

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.