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

State File No. 21799

FILED JUL 10 1941

Registration District No. 379 Primary Registration District No. 7223 5529 Registrar's No.

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Rural Chariton 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 Life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Rural
(d) Street No. R.F.D. 2#
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME BENJAMIN F STAFF
(b) If veteran, name war no.
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21
year 1941 hour 8 minute 20A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Martha Staff
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 6 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-4 1940 to 6-21 1941
that I last saw him alive on 8-23 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 15
If less than one day hr. min.

Immediate cause of death. Chronic Myocarditis
Due to Senility
Due to

9. Birthplace Not known
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
11. Industry or business

MOTHER FATHER
12. Name Not known
13. Birthplace Not known
14. Maiden name Not known
15. Birthplace Not known

16. (a) Informant Mrs. Wilbur Staff
(b) Address Glasgow Mo.
17. (a) Burial (b) Date thereof June 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo.

Major findings:
Of operations
Of autopsy

18. (a) Signature of funeral director E. W. ...
(b) Address Glasgow Mo.
19. (a) 6-23-41 (b) J. B. ...
(Data 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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While at work? (Specify type of place)
23. Signature J. B. ... (M. D. or other)
Address Glasgow Mo. Date signed 6-23-41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-8-1

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 *Ellsworth*
Licensed Embalmer No. 3978
P. O. Address Glasgow, 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.