No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22575

State File No.

FILED JUL 11 1941

Registration District No. 773

Primary Registration District No. 6023

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County St Francois

(b) ~~City or town~~ Doe Run pen [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois 94

(c) City or town Doe Run 0
(If outside city or town limits write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME Daniel Self

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ella Burch Self

6. (c) Age of ~~husband~~ or wife if alive 61 years

7. Birth date of deceased 4 (Month) 12 (Day) 1881 (Year)

8. AGE: Years 60 Months 1 Days 22 If less than one day — hr. — min.

9. Birthplace Phelps Co (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W. P. A.

FATHER
12. Name Samuel Self
13. Birthplace Roubidoux (City, town, or county) O Mo (State or foreign country)

MOTHER
14. Maiden name Sarah Huskey
15. Birthplace Phelps Co (City, town, or county) O Mo. (State or foreign country)

16. (a) Informant Mrs Lucy Fowler
(b) Address Richwoods, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-1941 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Doe Run

18. (a) Signature of funeral director Neidert Fun. Home
(b) Address Farmington, Mo.

19. (a) June 5-1941 (Date received local registrar) (b) [illegible] Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Apr. 20, 1941, to June 3rd, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 F. W. Gale (M. D. or other)
Address Bismarck, Mo Date signed 6/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 Berl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Me

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, above space should be left blank.