

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24376

State File No. _____

Registration District No. 17

Primary Registration District No. 5022

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Dele Twp
(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 2 weeks 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison ⁰⁰³
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 Mi E Dotham
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1941 hour one minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack

Due to pneumonia

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature Lucretia Miller (M.D.)
Address Westboro Mo Date signed 7/2/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Clifford L. Hale

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased: July 1940
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Lucretia Miller

(b) Address Fairfax, Missouri

17. (a) Burial (b) Date thereof July 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Grove

18. (a) Signature of funeral director Lucretia Miller

(b) Address Westboro, Missouri

19. (a) July 4-1941 (b) Fetta B. Black
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Arrest Russell*

Licensed Embalmer No. *2824*

P. O. Address. *Westboro, 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.