

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24800
State File No.

FILED AUG 15 1941
Registration District No. 1541

Primary Registration District No. 4088

Registrar's No. _____

19
0
0

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Garden City
(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 4.5 yr. / _____ (Specify whether)

3. (a) PRINT FULL NAME GEORGE FRANKLIN MIDDLEKAUF

8. (b) If veteran, name war ✓

8. (c) Social Security No. ✓

4. Sex Male

5. Color or race white

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

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

7. Birth date of deceased Mar 26 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>14</u>	_____ min.

9. Birthplace Miami Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business:

12. Name Herman Middlekauff

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

14. Maiden name Harriett Manaca Stewart

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

16. (a) Informant Mrs Fred Selary

(b) Address Harmonville Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 10 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Garden City Mo

18. (a) Signature of funeral director Raymond Byrnes

(b) Address Harmonville Mo

19. (a) June 9 1941 (Date received local registrar)

(b) Geo W. Griffith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Garden City Rural
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1941 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 1
1941 to June 9 1941
that I last saw him alive on June 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Edgenia Cervicis 5 mm
Choleprostaty
of cholelithiasis
Due to hypertension - has been
cathecting herself for
Other conditions hypertension
(Include pregnant within 3 months of death)

Major findings:

Of operations no

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work no (Specify type of place) (e) Means of injury no

23. Signature Geo W Griffith (M. D. or other)

Address Garden City Mo June 9 1941

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, above space should be left blank.