

No. 2  
1-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24932

State File No. \_\_\_\_\_

FILED AUG 7 1941  
Registration District No. 222

Primary Registration District No. 4135

Registrar's No. 9

1. PLACE OF DEATH:  
(a) County Cooper  
(b) Pilot Grove (Twp) (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
In this community only lived 20 min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove (If outside city or town limits, write "RURAL")  
(d) Street No. Near Pilot-Grove (If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joyce June Smith  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 23 year 1941 hour 11:00 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from birth to \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Fem! 5. Color or race W 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death child birth Duration \_\_\_\_\_  
long hard labor

7. Birth date of deceased July - 23 - 1941  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. 20. min.

9. Birthplace Pilot Grove Mo!  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Melvin Smith  
13. Birthplace Pilot Grove Mo!  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

14. Maiden name Joyce June Prast  
15. Birthplace Pilot Grove Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Melvin Smith  
(b) Address Pilot Grove, Mo  
17. (a) burial (b) Date thereof 7-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Peninsula Cem.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. J. W. Hunt (M.D. or other) \_\_\_\_\_  
Address Blackwater Mo Date signed July 24

18. (a) Signature of funeral director Hays + Painter  
(b) Address Pilot Grove, Mo  
19. (a) July 24/41 (b) Mrs. E. B. McClutchy  
(Date received local registry) (Registrar's signature)  
200 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-5-41

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.....

working under my personal supervision.

*This body was not*  
Registered Apprentice No. *not*

*Embalmed*  
Signed *J. H. Mayo*

Licensed Embalmer No. *3074*

P. O. Address *Felot Grove*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.