

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUREAU OF THE CENSUS
AUG 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25412

Registration District No. 460

Primary Registration District No. 4222

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Corder Mo.
(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 _____
years, months or days

3. (a) PRINT FULL NAME Richard M. Sebastian

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W.

6. (a) Name of husband or wife Belle Mount

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct-30-1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	15	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Coal Miner

12. Name Aaron F. Sebastian

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

14. Maiden name Catherine Gillmore
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. August Branch

(b) Address Corder, Mo.

17. (a) _____ (b) Date thereof July 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Alfred N. Hofer + Sons

(b) Address Higginsville, Mo.

19. (a) 7-31-41 (b) T. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Corder.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (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 21 -41
year _____ hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on July 21, 1941
and that death occurred on the day and hour stated above.

Immediate cause of death
Oriental Fibrillation
Chronic In
Constitutional Deficit
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy N/S

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? _____

23. Signature W. D. [Signature]
Date signed 7/27/41
Address Corder Mo.

RECEIVED
District Health Officer No. 8,
District File Number 74-1-8
Date Filed

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.

..... Registered Apprentice No.

Signed *Geo A. McKeon*

Licensed Embalmer No. *2983*

P. O. Address *Lexington, 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.