

11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31951**
Registrar's No. _____

FILED OCT 21 1941
492

Registration District No. _____

Primary Registration District No. **5-650A**

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

1. PLACE OF DEATH:
(a) County Lucas
(b) City or town Old Monroe Mo.
(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 52 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lucas
(c) City or town Old Monroe
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOSEPH BOOK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 1
year 1941 hour 11⁰⁰ minute P. M.

4. Sex MO 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased April 22 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10
1940 to Sept. 1 1941;
that I last saw him alive on Sept. 1 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death Trauma of Rt Knee Duration 2 years

8. AGE: Years 59 Months 4 Days 9 If less than one day
hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) J. S. B.

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

10. Usual occupation Farm work

11. Industry or business _____
12. Name Joseph Book
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Veruing
15. Birthplace not known
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Leuis Book
(b) Address Old Monroe Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Old Monroe Mo

While at work? _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Wahde & Keith
(b) Address Old Monroe Mo

23. Signature Dr. J. J. Gallavato (M. D. or D. O.)
Address Winfield, Mo. Date signed 9/2/41

19. (a) 9/2/41 (b) [Signature]
(Dist. receiver or local registrar) (Registrar's signature)

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 E. A. Keittly

Licensed Embalmer No. 822

P. O. Address Fallon M

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.