

No. 2
4-13-40
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32865

State File No. _____

BUREAU OF THE CENSUS
FILED OCT 13 1941

Registration District No. 891

Primary Registration District No. 4540

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Piedmont Town
(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 10 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Piedmont
(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 Sept. day 19
year 1941 hour 9:25 minute P M.
21. I hereby certify that I attended the deceased from Sept. 16 1941 to Sept. 19 1941
that I last saw him alive on Sept. 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____
Due to _____
Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Roy Leo DAEFRON

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 Widowed

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

7. Birth date of deceased MAR 20 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>29</u>	hr. min.

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

10. Usual occupation Station Agent Chief Clerk

11. Industry or business MISSOURI PACIFIC R. R.

12. Name Thomas DAEFRON

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

14. Maiden name MARY JANE KELLY

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

16. (a) Informant THOMAS DAEFRON

(b) Address Piedmont MISSOURI

17. (a) BURIAL (b) Date thereof Sept 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Mo

18. (a) Signature of funeral director Norman W. Gish

(b) Address Piedmont, Mo

19. (a) 10-4-41 (b) _____
(Date received local registrar) (Registrar's signature)

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?

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

23. Signature as James Gish (M. D. or other) X
Address Piedmont, Mo Date signed 10-4-41

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Pittsford N.Y.

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.