

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41961

DEC 26 1941 325

Registration District No. 325

Primary Registration District No. 1-420

Registrar's No. 83-

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural RFD Walnut Grove, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 55 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Greene 34

(c) City or town Walnut Grove, Mo. R. 1. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural RFD 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes name country ✓

3. (a) PRINT FULL NAME Martha Jones

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9
year 1941 hour 11:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 7th to Nov 8th that I last saw him alive on Nov 8th and that death occurred on the date and hour stated above

Immediate cause of death Paralysis Duration 41

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife L. H. Jones 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased May-1-1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Boone County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business Farms, house work

12. Name M. D. Cooper

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

14. Maiden name Sarah Staudley

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

16. (a) Informant Alma Parnell

(b) Address Walnut Grove, Mo.

17. (a) Burial (b) Date thereof Nov. 10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Lucas B. ...

(b) Address Walnut Grove, Mo.

19. (a) Nov-10-1941 (b) Etta B. McChere
(Date received local registry) (Registrar's signature)

Due to Stroke

Due to myocardial infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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) (c) Means of injury

23. Signature J. P. ... (M. D. or other)

Address Walnut Grove, Mo. Date signed Nov 11 1941

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

34
0
0

MOTHER FATHER

RECEIVED

Greene County Health Office

County File Number 71-12-117
County File 17/16/91
Date Filed

50

BLVCK IAN-WARK

110

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.....

Bernard Weyler

Registered Apprentice No. 299

working under my personal supervision.

Signed *Bernard Weyler*

Licensed Embalmer No. 2664

P. O. Address *Walden*

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41961

Registration District No. 325

Primary Registration District No. 5450

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Moene

(b) City or town Rural
(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 55 yrs years, months or days)

3. (a) PRINT FULL NAME Martha James

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of decease May 1, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days _____ If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 Nov Day 14 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to Cerebral hemorrhage

Due to Had been treated for aneurism

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g3a

Of autopsy _____

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 _____

23. Signature J. J. Barbur (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1947

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

41. [Illegible]

42. [Illegible]

43. [Illegible]

44. [Illegible]

45. [Illegible]

46. [Illegible]

47. [Illegible]

48. [Illegible]

49. [Illegible]

50. [Illegible]

51. [Illegible]

52. [Illegible]

53. [Illegible]

54. [Illegible]

55. [Illegible]

56. [Illegible]

57. [Illegible]

58. [Illegible]

59. [Illegible]

60. [Illegible]

61. [Illegible]

62. [Illegible]

63. [Illegible]

64. [Illegible]

65. [Illegible]

66. [Illegible]

67. [Illegible]

68. [Illegible]

69. [Illegible]

70. [Illegible]

71. [Illegible]

72. [Illegible]

73. [Illegible]

74. [Illegible]

75. [Illegible]

76. [Illegible]

77. [Illegible]

78. [Illegible]

79. [Illegible]

80. [Illegible]

81. [Illegible]

82. [Illegible]

83. [Illegible]

84. [Illegible]

85. [Illegible]

86. [Illegible]

87. [Illegible]

88. [Illegible]

89. [Illegible]

90. [Illegible]

91. [Illegible]

92. [Illegible]

93. [Illegible]

94. [Illegible]

95. [Illegible]

96. [Illegible]

97. [Illegible]

98. [Illegible]

99. [Illegible]

100. [Illegible]