No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42863

Registration District No. 763 Primary Registration District No. 6005 Registrar's No. 20

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town Lowry City — Rural (Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Clair 93
(c) City or town Lowry City — Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emery Jackson Veach
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 24 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 4 If less than one day hr. min.

9. Birthplace Adams County (City, town, or county) Ill (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John M Veach
13. Birthplace Charolston (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Sarah Jane Putz
15. Birthplace Gregsville (City, town, or county) Ill (State or foreign country)
16. (a) Informant Guy Veach
(b) Address Osceola, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Mound Cemetery
18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola, Mo
19. (a) 12/30/41 (Date received local registrar) (b) Sophia J. Stratton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 13, 1941, to Dec 30, 1941 that I last saw him alive on DEC 13 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: MITRAL INSUFFICIENCY	
Due to: CARDIO-RENAL-VASCULAR DISEASE	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 131a	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) DO
Address Lowry City Date signed 12/30/41

(Licensed Embalmer's Statement on Reverse Side)

686

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

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2072
Date Filed 1-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ prepared by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Fares D B Goodrich

Licensed Embalmer No. 3038

P. O. Address Lascoe Mo

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

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