

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43276

JAN 10 1942

Registration District No. 897

Primary Registration District No. 6201

Registrar's No. 20

12
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Webster - Co mo

(b) City or town Seymour Rural - Webster Co Mo
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster Mo

(c) City or town Seymour Rural, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gasper Dartin

3. (b) If veteran _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1941 hour 5 minute 30 PM

21. I hereby certify that I attended the deceased from Nov 30
Nov 30 1941 to Dec 7 1941

that I last saw him alive on Dec 6 1941
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 13 - 1857
(Month) (Day) (Year)

Immediate cause of death Chronic Nephritis

Due to chronic valvular heart disease
chronic nephritis, admission

Due to _____

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

Major findings: Of operations _____

Of autopsy 1318

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

84 2 23 5 hr. 30 min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Home Dartin

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

14. Maiden name Maryanne Logel

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

16. (a) Informant Mrs Ben Dartin

(b) Address Seymour mo R#4

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

(c) Place: burial or cremation Cardinal Chapel

18. (a) Signature of funeral director Kelly Finkler

(b) Address Seymour mo

19. (a) Dec-12-41 (b) Gilbert Jones
(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)

(a) Means of injury fall

23. Signature Ed L. Hig (M. D. or other) 100

Address Seymour mo Date signed Dec 7

1067

(Licensed Embalmer's Statement on Reverse Side)

Dec 7

RECEIVED

District Health Officer No. 6,

District File Number 142-70

Date Filed JAN 8 1942

STATEMENT BY LICENSED EMBALMER

This body was not Embalmed

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

H. H. Kelley

Licensed Embalmer No.

3334

P. O. Address

Seymour

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.