

FILED FEB 18 1942

Registration District No. 207

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5296

State File No. 2047

Registrar's No. 30-3

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Concord Twp (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 years, months or days)

In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Rural
(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. _____ years.

3. (a) PRINT FULL NAME Genetta A Hanks

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1942 hour 1 minute 45 A.M.

4. Sex female 5. Color or race w

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

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

7. Birth date of deceased Dec 12 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1942 to Jan 24 1942
that I last saw h. alive on Jan 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 1942

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>82</u> | <u>1</u> | <u>12</u> | hr. _____ min. |

Due to cardiovascularis gray

Due to _____

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

10. Usual occupation House Keeper

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) 92d

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name George Bruce

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

14. Maiden name Olga Shubert

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Albert Hanks

(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-42
(Month) (Day) (Year)

(c) Place: burial or cremation Hanks Cem. Clinton Mo.

18. (a) Signature of funeral director O'Brien Lyon

(b) Address Plattsburg Mo.

19. (a) Jan 25-1942 (b) Mrs A.C. Hartell
(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)

(g) Means of injury _____

23. Signature J.M. Steakman (M. D. or other) _____

Address Plattsburg Mo Date signed Jan 24 1942

25
0
0
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Danell D. Lyon
Licensed Embalmer No. 3640
P. O. Address Plattsburg mo.

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.