

FILED MAR 11 1942  
35

Registration District No. ....

Primary Registration District No. 1001

Registrar's No. 176

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

1. PLACE OF DEATH:

(a) County BUCHANAN  
(b) City or town ST. JOSEPH *City*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MO. METHO. HOSPITAL *8*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 HRS. (Specify whether  
In this community Entire life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan *11*  
(c) City or town WESSON Rushville *R. 0*  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? YES NO (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Robert Larry Page

3. (b) If veteran, name war None 3. (c) Social Security None

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

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

7. Birth date of deceased June 24 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 5 25 ..hr. ....min.

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

10. Usual occupation Child

11. Industry or business

12. Name John Robert Page

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

14. Maiden name Helen Marie Fulk

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

16. (a) Informant John Robert Page

(b) Address Rushville, Missouri

17. (a) Burial (b) Date thereof 2-22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Brill-Dyer

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

(b) Address Weston, Missouri

19. (a) Feb. 21, 1942 (b) H. G. Neallbud  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 1942  
year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased on  
Feb-19 1942 that I last saw the deceased  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
First, second and third degree burns on head, face, body and limbs. 1 day

Due to The mother was starting a fire in the kitchen stove, which ad

Other conditions open can of gasoline left from  
(Include pregnancy within 3 months of death)  
cleaning and sitting on the stove

Major findings ignited and on attempting to remove the playing can  
Of operations: not dropped upward the boy's clothing caught a fire  
Of autopsy: not dropped upward the  
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) Accident

(b) Date of occurrence Feb 19 1942

(c) Where did injury occur? Rushville Buchanan MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In the farm home  
(Specify type of place)

While at work? no (e) Means of injury gasoline burn

23. Signature H. F. Mandy (M. D. or Coroner)

Address 404 So 3d St Date signed 2/19/42

**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 J. H. Brill  
Licensed Embalmer No. 832  
P. O. Address Newton Mass

**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.**