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K26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8149

State File No. .....

FILED MAR 20 1887

Registration District No. 887

Primary Registration District No. 6182

Registrar's No. 9

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town OLD MINES RURAL Union
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WASHINGTON 119

(c) City or town OLD MINES RURAL
(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 NERCISE Polite

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CORA M POLITE

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

7. Birth date of deceased NOV (Month) 5 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation LABORER

11. Industry or business ~~MITCHEL POLITTE~~

FATHER
12. Name MITCHEL POLITTE.
13. Birthplace BLISS. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name CATHERINE MASON
15. Birthplace OLD MINES (City, town, or county) MO. (State or foreign country)

16. (a) Informant MARTIN POLITTE.
(b) Address CADET MO RI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation OLD MINES MO.

18. (a) Signature of funeral director J. B BOYNSON
(b) Address TOTOSI MO.

19. (a) 2-6-1942 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from as Coroner, 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & Hemorrhage (internal) Due to - Accident Wheel of Car Ran over chest

Due to Causing Fractures of the Right eight ribs & five Right ribs-each

Due to side counting from 1st rib down. The Clavicals were fractured in there

Other conditions Sternal thirds
(Include pregnancy within 3 months of death)

Duration

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) Car Ran over Body in the road

(b) Date of occurrence 2/4/42 - 10 P.M.

(c) Where did injury occur? County Road-Racola to Cannon Mines (City or town) (County) (State) MO.

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

While at work? No (e) Means of injury Wheel of Car

23. Signature D. M. Davidson Coroner

Address Belgrade Date signed 2/5/42

806 (Licensed Embalmer's Statement on Reverse Side)

MAR 18 1942

RECEIVED

District Health Officer No. 4

District File Number 342-381

Date Filed 3-16-42

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 C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.

No. 2B
—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8149

Registration District No. 887 Primary Registration District No. 6182 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Washington

(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
years, months or days)

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

3. (a) PRINT FULL NAME Nercise Politte

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 5 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days If less than one day or min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock & Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170C-4
21

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) Accident

(b) Date of occurrence February 6, 1942

(c) Where did injury occur? Near Cannon Mines (City or town) Washington (County) Mo (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
On County Road (Specify type of place)

While at work? No (e) Means of injury Hit By car

23. Signature D M Davidson (M. D. or other)

Address Belgrade Mo Date signed 4-16-42