

No. 2
4-13-40
5-17-40
1-1-40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11857

State File No. _____
Registrar's No. 6

Registration District No. 779 Primary Registration District No. 6024A

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, St. Francois Co. Mo.
(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 _____
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) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Rollin J. Petty
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 9
year 42 hour 7 minute P M.

4. Sex male race W.
5. Color or _____
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Irene Petty
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased April 21, 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug, 1941, to March, 1942
that I last saw him alive on 3-7, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 10 Days 18
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma intestines & out abd wall
Duration 1 yr

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

Due to _____
Due to H62

10. Usual occupation W.P.A. Work

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

11. Industry or business _____
12. Name John Petty
13. Birthplace Cook Station, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Pierce
15. Birthplace Cook Station, Mo.
(City, town, or county) (State or foreign country)

Major findings: Carcinoma intestines & mesenteric glands
Of autopsy Irene
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Andy Petty
(b) Address Desloge, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Nerod Cemetery

(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? _____

18. (a) Signature of funeral director E. J. Boyer
(b) Address Desloge, Mo.
19. (a) 3-11-42 (Date received local registrar) (b) B. J. Bismesta (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. P. Gault (M. D. brother)
Address Desloge Date signed 3-11-42

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

4
0
0

28

RECEIVED

District Health Officer No. 4
District File Number 442-404
Date Filed 4-9-42

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. J. Bayer

Licensed Embalmer No.

1671

P. O. Address

Desloge 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.

STATE DIVISION

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11857

Registration District No. 779

Primary Registration District No. 6024a

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francis

(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)

3. (a) PRINT FULL NAME Rolling G. Petty

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 m

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

7. Birth date of deceased apr 21 1911
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 10 If less than one day 10 min.

9. Birthplace mo
(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)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

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

19. (a) 3-11-1942 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Osage
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mch day 19 year 1942 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 19 19.....
that I saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death: Perforation of Intestines / yr
and out abd - wall

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

46a

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?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other)
Address..... Date signed MD

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

SUPPLEMENTARY

11857