

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2225
Registrar's No. 2225

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Justus
(b) City or town J. C.
(c) Name of hospital or institution: St. Vincent's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da. 1 hr.
In this community 2 wks 1 hr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Justus
(c) City or town J. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 3423 E. 28
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant James
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife alive years _____
7. Birth date of deceased: June 6 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April, 1942 to June 6, 1942
that I last saw her alive on June 6, 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Hydrocephalus
Due to 2nd in family
Due to 1570a
Other conditions: Hydrocephalus
(Include pregnancy within 7 months of death)

9. Birthplace: J. C. MO. 0
(City, town, or county) (State or foreign country)
10. Usual occupation: Baby

MOTHER FATHER
11. Industry or business _____
12. Name: Kenneth Jones
13. Birthplace: Muscatois Mo. 1
(City, town, or county) (State or foreign country)
14. Maiden name: W. C. Miller
15. Birthplace: J. C. MO. 0
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant: Kenneth Jones
(b) Address: 3423 E. 28
17. (a) Burial (b) Date thereon: June 6-42
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation: St. Vincent's
18. (a) Signature of funeral director: C. L. ...
(b) Address: J. C. MO.
19. (a) 6-6-42 (b) M. M. Brown
(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? 0
While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature: Geo F. ... (M. D. or other) _____
Address: 933 ... Date signed: 6/6

Duration 8 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

4081268

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.....

Licensed Embalmer No.....

P. O. Address.....

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.