. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17821

State File No.

Registration District No. 2-8 217 Primary Registration District No. 4131 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Blackwater Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Blackwater 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George W. LARKIN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 0 5. Color or race WL 6. (a) Single, widowed, married, divorced Married 1

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

7. Birth date of deceased May (Month) 15 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	11	26	hr. min.

9. Birthplace Pettis Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Restaurant

11. Industry or business

FATHER
12. Name John William Larkin
13. Birthplace Dublin 4 Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Verbena Abbott
15. Birthplace ✓ (City, town, or county) Ky (State or foreign country)

16. (a) Informant E. A. Larkin
(b) Address Arrow Rock Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall Mo

18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall Mo

19. (a) May-14-42 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1942 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 1941, to May 10, 1942 that I last saw him alive on on May 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis manorum — Duration

Due to

Due to

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

938

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

23. Signature J. W. Hurst (M.D. or other) D.O.
Address Blackwater Mo Date signed 5-12-42

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-2-42

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 R W Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.