

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17882

State File No. _____

Registration District No. 284

Primary Registration District No. 4168

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkston Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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 Dunklin

(c) City or town Clarkston 35
(If outside city or town limits, write "RURAL") 0

(d) Street No. — (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Radaford

3. (b) If veteran, name war _____

3. (c) Social Security No. 497-18-2745

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1942 hour _____ minute 3:35 P.M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 26 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18 1942 to May 20 1942
that I last saw her alive on May 20, 1942, 1942
and that death occurred on the date and hour stated above.

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

55 7 24 hr. min.

Immediate cause of death Hypo-static pneumonia 2 day Duration

Due to cerebral thrombosis 5 year

generalized arteriosclerosis

Due to arteriosclerosis

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

10. Usual occupation Cook on W. P. A.

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

11. Industry or business _____

12. Name Phineas Bunting

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

14. Maiden name Elizabeth Skinner

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

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene Radaford

(b) Address 40 Bennett, Mo.

17. (a) Burial (b) Date thereof 5/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Coullough Landed Funeral Home

18. (a) Signature of funeral director Campbell Missouri

(b) Address _____

19. (a) May 21, 1942 (b) LaVonne Dunn
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature S.M. Bailey M.D. (M.D. or other) 0

Address Jedon Mo Date signed 5-21-42

1247 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Office No. 2,
District File Number 642-710
Date Filed JUN 16 1942

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

Christine M. Linder

Licensed Embalmer No.

4227

P. O. Address

Campbell, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17882

Registration District No. 284

Primary Registration District No. 4168

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkston
(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 Eliza Radaford

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex f

5. Color or race w

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept. 26 1881
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 25
(If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

hypostatic - Pneumonia
Due to _____
Broncho pneumonia
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 J.M. Bailey M.D. (M. D. or other) _____
Address Hudson Date signed 3/9/42

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

MOTHER, FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

