

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1942
Registration District No. 477

Primary Registration District No. 3021

Registrar's No. 46

49
6
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 yrs.
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Wells City 49
(If outside city or town limits, write "RURAL")

(d) Street No. (No street number) 102
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles W. Hines

3. (b) If veteran, name war 3. (c) Social Security No. 491-01-3563

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from May 29 1942 to May 30 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased April 1 1890
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

8. AGE: Years 52 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Business done

(b) Address Wells City

17. (a) Burial (b) Date thereof June 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells Cemetery

18. (a) Signature of funeral director Wells City

(b) Address Wells City

19. (a) June 1, 1942 (b) Mrs. Lillie Page
(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

23. Signature R. M. Storvick (M. D. or other) 0

Address Wells City Mo Date signed 6/1/42

42.5.489

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.....

A. K. Mills....., Registered Apprentice No.....
working under my personal supervision.

Signed *A. K. Mills*.....

Licensed Embalmer No. *347*.....

P. O. Address *Wells City, 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.