

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18798

FILED JUN 19 1942
7226
Registration District No. 7226

Primary Registration District No. 5958

Registrar's No. 726

1. PLACE OF DEATH:

- (a) County Kalls
(b) City or town Saverton Sup. Rural
(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 _____ years, months or days

3. (a) PRINT FULL NAME Unidentified Body

8. (b) If veteran, _____ (c) Social Security No. _____ name war _____

4. Sex M 5. Color or race N 6. (a) Single, widowed, married, 9 divorced _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or 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) Burial (b) Date thereof June-13-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Barkley Cemetery

18. (a) Signature of funeral director: E. Donald P. Hume

(b) Address New London

19. (a) 6/14/42 (b) R. B. B. B. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State unknown (b) County unknown

(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1942 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from June-10 1942, to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: by some unknown means. Body found floating

in Mississippi River at

Due to Lock & Dam #22 at

Saverton, Mo. County officers

Due to unable to establish

identity. Body ordered

Other conditions buried by County

(Include pregnancy within 3 months of death)

Coroner through County

Major findings: Court

Of operations: 200

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 Coroner

23. Signature: H. E. Baldwin (M. D. or other) _____

Address New London Date signed 6/14/42

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

RECEIVED

District Health Officer No. 10

District File Number 642-1337

Date Filed JUN 18 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

Michael J. Donald

Licensed Embalmer No. 3246

P. O. Address Franklin - 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, above space should be left blank.