20916

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 175 171

Primary Registration District No. 4 00

Registrar's No. 50

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

21
0
0

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: South Part of Keytesville (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 Mo (b) County Chariton 21

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARCIA - WHITE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female 3

5. Color or race Black

6. (a) Single, widowed, married, divorced Baby 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 7 (Day) 1941 (Year)

8. AGE: Years — Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Neal Brock
13. Birthplace Keytesville (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Helen White
15. Birthplace Keytesville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Helen White

(b) Address Keytesville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville Mo.

18. (a) Signature of funeral director Rodd & Garnett

(b) Address Keytesville Mo.

19. (a) 7/1/42 (Date received local registrar) (b) R A Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 5 minute 45P M.

21. I hereby certify that I attended the deceased from Have not treated at all, to , 19 ; that I last saw her alive on March 27, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory infection probably Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Carl C. Weger (M. D. ~~or other~~)

Address Keytesville Mo Date signed 7/1/42

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number .....
Date Filed 2-9-42

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 .....

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, above space should be left blank.

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20916

Registration District No. 171 Primary Registration District No. 4100 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: Keytesville
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Marcia White
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: B
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 7 (Day) 1942 (Year)
8. AGE: Years — Months 10 Days 29 (If less than one day hr. min.)
9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 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 — Duration
Bronchio-Pneumonia
Due to: Had a cough prior to death but used home remedies. Don's
Due to: know whether was whooping cough or not. Had quite a lot of
Other conditions (Include pregnancy within 3 months of death): witnesses among relatives in sporting
Major findings: Of operations: lady friends.
Of autopsy: 107

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: Carl C. Yeager (M. D. or other)
Address: Keytesville, Mo. Date signed 8/7/42