

20581

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 23 1942

Registration District No. 211

Primary Registration District No. 5291

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Elston Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Elston Rural
(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. 0 years.

3. (a) PRINT FULL NAME ED. SHURING

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

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced single
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) 9

10. Usual occupation Business & Headach

11. Industry or business _____

MOTHER FATHER
12. Name No Records
13. Birthplace (City, town, or county) _____ (State or foreign country) 9
14. Maiden name No Records
15. Birthplace (City, town, or county) _____ (State or foreign country) 9

16. (a) Informant's own signature E. S. Bond

(b) Address _____

17. (a) County Infirmary (b) Date thereof July 8 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Infirmary

18. (a) Signature of funeral director W. J. Williams

(b) Address Russell

19. (a) 7/10/42 (b) W. J. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 10 minute M. P. A. M.

21. I hereby certify that I attended the deceased from June 30 1942 to July 7 1942 that I last saw him alive on July 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death hepatic edema Duration 3 hrs

Due to _____

Due to _____

Other conditions Chr. valvular heart disease
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 92d

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 W. J. Williams (M. D. or other) M.D.

Address Jefferson Date signed 7-10-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

REV. 5-17-39 I 103511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WILLIAMS

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.