V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21514

State File No.

Registration District No. 421 Primary Registration District No. 5575 Registrar's No. ~~50~~ 51

1. PLACE OF DEATH:

(a) County Jefferson

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

(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)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State (b) County 0

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Un-identified Body

3. (b) If veteran, name war Unknown

3. (c) Social Security No. unknown

4. Sex Unknown 9

5. Color or race Unknown

6. (a) Single, widowed, married, divorced — 9

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) 9 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name —
13. Birthplace — (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name —
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant N. W. Welsh
(b) Address Crystal City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Festus City Cemetery

18. (a) Signature of funeral director H. Wingard
(b) Address Festus Mo

19. (a) June 30, 1942 (Date received local registrar) (b) H. S. C. Weiss (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I ~~attended the deceased from~~ held an inquest June 13, 1942, to —, 19 ; ~~that I last saw h~~ alive on —, 19 ; ~~and that death occurred on the date and hour stated above.~~

Immediate cause of death skeleton found partially buried in bank of Mississippi River near Herculaneum, Mo. Cause of death unknown.

~~Due to~~

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 200a
Of autopsy

Duration

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 2

23. Signature Howard W. Welsh, Jr., Acting Coroner (M. D. or other)
Address Crystal City, Mo Date signed 6/13/42

1265

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.