S. No. 2
—1-4-41
. 5-17-39
I X25390

22024

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 688

Primary Registration District No. 3033

Registrar's No.

82
2
1

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

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Pike Co. Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hr. 50 min (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo ~~Colin~~ (b) County Pike 82

(c) City or town Ecalia 0
(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 O

3. (a) PRINT FULL NAME Raymond L. & E. Ince

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White O

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 (Month) 11 (Day) 42 (Year)

8. AGE: Years	Months	Days	If less than one day
✓			4 hr. 50 min.

9. Birthplace Louisiana, Mo O
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Thos Raymond Ince
13. Birthplace Pike Co Mo O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elsie Mae Anderson
15. Birthplace Pike Co Mo O
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Ince
(b) Address Ecalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Grassy Creek

18. (a) Signature of funeral director Gooch Hardware
(b) Address Eolia - Mo

19. (a) May 12 - 1942 (Date received local registrar) (b) B. M. Gooch - Deputy 688-3033 (Registrar's signature)

Received by F. C. Haley Jr. Deputy Registrar June 6/42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from 5-11 1942 to 5-12 1942
that I last saw her alive on May 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Breach Presentation

Due to Strangulation

Due to ✓

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

16 0 C

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 O

23. Signature D. M. Kearson (M. D. or other)

Address Louisiana Mo Date signed 5/12/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1432
Date Filed JUL 15 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.....

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.