

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 907

Primary Registration District No. 4548

Registrar's No. 12

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MANSEFIELD
(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 26 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT 114

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME W B S T P R MONT DIVAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUN day 8
year 1942 hour 8 minute 15 A.M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ELLA DIVAN

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased. JAN 28 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1942, to June 8, 1942
that I last saw him alive on June 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis of Liver 2039

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

75 4 10 hr. min.

Due to

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation DRUGGIST

Major findings: Of operations

11. Industry or business OWN BUSINESS

Of autopsy

12. Name JOSIAH DIVAN

PHYSICIAN

13. Birthplace PENN.
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name MARY E JURY

15. Birthplace OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Divan

(b) Address MANSEFIELD MO

17. (a) BURIAL (b) Date thereof JUN 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE PARK CEM. SPRINGFIELD MO

18. (a) Signature of funeral director J. A. Jenson

(b) Address MANSEFIELD MO

19. (a) June 9/42 (b) S. P. Hensley
(Date received local registrar) (Registrar's signature)

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?

(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 0

23. Signature J. A. Jenson (M. D. or other) 0
Address Mansefield Mo Date signed June 9, 42

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

14
0
0

MAR 20 1944

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9 11 11

9 11 11

9 11 11

9 11 11

3 11 11

MA 11 11 11 11

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

F. A. Steffen

Licensed Embalmer No. 3221

P. O. Address *Manfield 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, fact should be so stated above.