

S. No. 2
M-9-4-41
v. 5-17-39

24266

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 287 Primary Registration District No. 4171 Registrar's No. 21

35
00
AUG 14 1942

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Hornersville
(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
In this community 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Hornersville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Joshua N. Somers
3. (b) If veteran, name war L
3. (c) Social Security No. 2

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month July, day 22, year 1942, hour 12:00, minute 0

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Edis
6. (c) Age of husband or wife if alive, Dead years
7. Birth date of deceased March 9 - 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 22 to July 23, 1942
that I last saw him alive on July 23 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 4 Days 13 If less than one day min.

Immediate cause of death Coronary Occlusion?

9. Birthplace unknown Ill. - 1 (City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (include pregnancy within 3 months of death) gpa

10. Usual occupation aged farmer

11. Industry or business

12. Name Felix Somers

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

14. Maiden name Winnifred A. Somers

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

16. (a) Informant Mrs. A. E. Pagen
(b) Address Hornersville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope, Ill.

18. (a) Signature of funeral director B. Pagen - Son
(b) Address Hornersville, Mo.

19. (a) 8-1-42 (Date received local registrar) (b) Frederick B. Purkins (Registrar's signature)

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?

While at work (Specify type of place) (e) Means of injury
23. Signed Van H. Bonds (M. D. or other)
Address Hornersville, Mo. Date signed 7-23-42

1201

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 842-992

Date Filed 8-6-42

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, fact should be so stated above.