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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Iron Mountain Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: camp
(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

3. (a) PRINT FULL NAME Leol Carl Counts

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. 0

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

7. Birth date of deceased July 16 1942
(Month) (Day) (Year)

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

9. Birthplace Near Iron Mountain Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Leol Carl Counts

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

14. Maiden name Betty June Serrish

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

16. (a) Informant Leol Carl Counts

(b) Address Iron Mountain Mo

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

(c) Place: burial or cremation Iron Mountain Mo

18. (a) Signature of funeral director Buried by family

(b) Address Iron Mt. Mo

19. (a) July 16 1942 (b) Byrdie Buchmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Iron Mt.
(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.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/16 day July
year 1942 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from at Birth to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to Prolonged Birth

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 160c
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. Signature Geo W. Huff man (M. D. or other) _____
Address Iron Mt Mo Date signed 7/16/42

RECEIVED

District Health Officer No. 4

District File Number 842-1009

Date Filed 8-11-42

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.