V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25584

Registration District No. 875 31.0 Primary Registration District No. 6162 3076 Registrar's No. 70

08 1 2

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Nevada (RURAL) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) 2 months 2 days
In this community: 2 months 2 days

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

108

3. (a) PRINT FULL NAME: JOHN-UNDERWOOD
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: none years
7. Birth date of deceased: May (Month) 28 (Day) 1872 (Year)
8. AGE: Years 70 Months 1 Days 22 If less than one day — hr. — min.
9. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: farmer
11. Industry or business: none
MOTHER FATHER
12. Name: A. M. Underwood
13. Birthplace: unknown (City, town, or county) N. Carolina (State or foreign country)
14. Maiden name: Martha Ritter
15. Birthplace: unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Records State Hosp No 3
(b) Address: Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hosp. Cemetery
18. (a) Signature of funeral director: Mark Eichinger
(b) Address: Nevada Mo
19. (a) July 20, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1942 hour 1 minute 4 A.M.
21. I hereby certify that I attended the deceased from May 18, 1942 to July 20, 1942 that I last saw him alive on July 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Dementia — Duration
Due to: Agitated Type.
Due to:
Other conditions (Include pregnancy within 3 months of death): Hypertension
Arteriosclerosis
Major findings:
Of operations: no
Of autopsy: no

167 A

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no.
(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
23. Signature: Paul L. Barone (M. D. ~~or other~~)
Address: State Hosp No 3 Date signed July 20 1942

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

12-5

RECEIVED
District Health Officer No. 7,
District File Number 8-42-840
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 Marsh Eichinger

Licensed Embalmer No. 2676

P. O. Address Nevada 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.