. S. No. 2
M—1-4-41
v. 5-17-39
1 X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26612

Registration District No. 17 Primary Registration District No. 5076 Registrar's No.

600

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Richland Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 71 5&1/2/Miles N-of Jasper (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 7 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton North of

(c) City or town 5 mile E-2&1/2 mile Jasper (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Erven Neugene Courtney

3. (b) If veteran, name war None

3. (c) Social Security No. 486-24-6438

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife L. Courtney

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug. (Month) 17th. (Day) 1892 (Year)

8. AGE: Years 50 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Greenfield (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name T.R. Courtney
13. Birthplace Dado (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Cynthia Campbell
15. Birthplace Dado Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. L. Courtney

(b) Address Golden City Missouri

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

(c) Place: burial or cremation Green Field Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Missouri.

19. (a) Aug. 21 (Date received local registrar) (b) Mrs. John Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th year 1942 hour about 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from ----------, 19__, to ----------, 19__; that I last saw h__ alive on ----------, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Instantly killed when hit by Car or truck on highway # 71,6 1/4 miles

Due to south of Lamar, MO. (No Inquest)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) accidental

(b) Date of occurrence 8-19-42

(c) Where did injury occur? Near Lamar, Barton CO, MO (City or town) (County) (State) 006

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway #71 (Specify type of place) 2

While at work? (e) Means of injury

23. Signature (Raymond River Co. M.D. or other) Barton Co

Address Lamar Mo Date signed 8/20/42

#3

45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1327
Date Filed SEP 8 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 Carl F. Monantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.