

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 22

**FILED** SEP 9 1942

Registration District No. 103 Primary Registration District No. 5417

35  
0  
0

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 2 miles north of Hornersville  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Hornersville, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles north  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Statter

3. (b) If veteran, name war 9

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug, day 3, year 1942, hour 7:30, minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 9 to July 3, 1942, that I last saw him alive on July 25, 1942, and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie Statter

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased: aug - 2 - 1908  
(Month) (Day) (Year)

Immediate cause of death Myelogenous Leukemia

Duration 14 7 0

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>		<u>1</u>	_____ hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Wayne co., MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Marsh Statter

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

14. Maiden name Martha

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

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? \_\_\_\_\_

16. (a) Informant Emma Abraham

(b) Address Hornersville, MO

17. (a) Burial (b) Date thereof 8-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Emerson Burns

(b) Address Hornersville, MO

19. (a) 9-2-42 (b) London B. Perkins  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature George J. Gilmore DO (M. D. or other)

Address Hornersville MO Date signed 8-10-42

SEP 16 1942

SEP 17 1943

RECEIVED

District Health Office No. 2,

District File Number 942-1135-

Date Filed 9-8-42

---

---

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. 11111

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.