

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27261

State File No.

FILED SEP 15 1942
384

Registration District No.

Primary Registration District No. 4227

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Howe
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(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 36 hrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Autherson

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

4. Sex 7-1 5. Color or race W 6. (a) Single, widowed, married, divorced W2
6. (b) Name of husband or wife H. Plancherson 6. (c) Age of husband or wife if alive 30-1866 years
7. Birth date of deceased. 7-30-1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Green Bay, Wis (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Joe Devorak
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

14. Maiden name Mrs. J. Devorak
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. Devorak
(b) Address West Plains, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 5/6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director W. J. Devorak

(b) Address West Plains, Mo

19. (a) 5-9-42 (Date received local registrar) (b) W. J. Devorak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (County) Howe
(c) City or town West Plains
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4 year 1942 hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from 4/30 1942 to 5/4 1942
that I last saw him alive on 5/4/42 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro, acute - Duration 21 days

Due to undetermined -

Due to

Other conditions Broken Hip - Chronic
(Include pregnancy within 3 months of death)
In bed about 2 yrs.

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature W. J. Devorak (M. D. or D. O.) 5/8/42
Address West Plains, Mo Date signed

RECEIVED

District Health Officer No. 5,

District File Number 942816

Date Filed 9-14-42

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

A. D. Robinson

Licensed Embalmer No.

3432

P. O. Address

West Plain, N.J.

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.