

27968

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG SEP 19 1942
Registration District No. _____

Primary Registration District No. 4432

Registrar's No. 80

86
1
0

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

1. PLACE OF DEATH:

(a) County PuTNAM

(b) City or town Unionville town
(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 _____ (Specify whether _____)
In this community Life Time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PuTNAM

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

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

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

3. (a) PRINT FULL NAME JOSEPH B SCIFERS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1942 hour 8 minute 50 P. M.

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased August 31 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 15 1942 to Aug 17 1942
that I last saw h. 17 alive on Aug-17 1942
and that death occurred on the date and hour stated above.

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

77 11 16 hr. min.

Immediate cause of death: Cerebral hemorrhage 2 da.

9. Birthplace PuTNAM Co MISSOURI
(City, town, or county) (State or foreign country)

Due to General Arterio Sclerosis 10 yrs

Due to _____

10. Usual occupation COUNTY OFFICAL

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

11. Industry or business PUBLIC ADMINISTRATOR

Major findings: Of operations _____

12. Name C L SCIFERS

Of autopsy _____

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

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

14. Maiden name NANCY FROST

15. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Webb
(b) Address Unionville Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof Aug. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CHURCH CEMETERY

(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? _____

18. (a) Signature of funeral director Comstock FUNERAL Home
(b) Address Unionville Mo. by John Comstock

While at work? _____ (Specify type of place) (e) Means of injury 0

19. (a) 9-1-42 (b) _____
(Date received local registrar)

23. Signature Paul Masten (M. D. or other) _____
Address Unionville Date signed 8/24/42

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-42-1716

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

John W. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville 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.