

7. S. No. 2  
DOM-5-42  
Rev. 5-17-39  
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28360

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 2 1942

Registration District No. 343

Primary Registration District No. 6154

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Essex, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 103

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

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

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

3. (a) PRINT FULL NAME John William Autrey

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24  
year 1942 hour 9 minute 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

7. Birth date of deceased Nov. 22, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 12 - 42  
Apr. 7 - 1942 to July 2 - 1942  
that I last saw him alive on Aug 24 - 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 2 If less than one day  
hr. min.

Immediate cause of death Possible  
myocardial infarction  
as indicated by ECG  
Duration about  
Due to several weeks ago  
Due to same

Other conditions (Include pregnancy within 3 months of death) 928

9. Birthplace New Berry, Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

Major findings:  
Of operations.....  
Of autopsy.....

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

11. Industry or business.....

MOTHER FATHER { 12. Name John Autrey

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Davis

15. Birthplace unknown 9  
(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) no.

(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)

16. (a) Informant Willie Autrey

(b) Address Essex, Mo.

17. (a) Burial (b) Date thereof Aug. 25, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hendrickson, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) Aug 25 (b) Nora Jones  
(Date received) (Registrar's signature)

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

23. Signature J.P. Brimmon (M. D. number)  
Address Essex, Mo. Date signed Aug 25 - 42

1194 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 942-1086

Date Filed 9-1-42

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**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.....

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.

*Wm. J. ...*