

FILED SEP 21 1942

Registration District No. 28

Primary Registration District No. 2006-5120

Registrar's No. 176-

10
2
4

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Richel Stat. Cancer Hos. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE B. HEAD

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

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Mertie (Linney) 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased August 2 1944
(Month) (Day) (Year)

8. AGE: Years 68 Months 20 Days 11 If less than one day hr. 20 min.

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

10. Usual occupation grocery clerk

11. Industry or business.

MOTHER FATHER

12. Name Rob't P. Head

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

14. Maiden name Joan Rande

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

16. (a) Informant Jesse B. Head

(b) Address 511 N. Odell

17. (a) Burial (b) Date thereof Aug. 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall, Mo.

19. (a) Aug 28-42 (b) Edna H. Barber
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 21

(d) Street No. 511 N. Odell
(If rural, give location)

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

If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1942 hour 12 noon minute ... M.

21. I hereby certify that I attended the deceased from Aug 11 1942 to Aug 23 1942
that I last saw him alive on Aug 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Caecum & Cancer of Sigmoid

Due to Cancer of Caecum & Cancer of Sigmoid

Due to Hle

Other conditions (include pregnancy within 3 months of death) Hle

PHYSICIAN

Major findings: Ca of Caecum Primary
Of operations Ca of Sigmoid benign
Of autopsy Ca of Sigmoid + Post-opant
lesions

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)

(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 0

23. Signature Ben Subitich (M. D. or other) 0

Address Cancer Hospital Date signed 8/23/42
Columbia

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..... *R. W. Campbell*

Licensed Embalmer No. *3469*

P. O. Address..... *Marshall, 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.