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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42184

State File No.

Registration District No.

Primary Registration District No. 6114

Registrar's No.

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1. PLACE OF DEATH:
(a) County Scott
(b) City or town Morley (rural) Morley
(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 years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott
(c) City or town Morley "rural"
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME unnamed

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 12 — 9 — '42
(Month) (Day) (Year)

8. AGE: Years — Months — Days 1 If less than one day — hr. — min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Earl Reno
13. Birthplace Iron Shed (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Nora Anderson
15. Birthplace Stonefort (City, town, or county) Ill (State or foreign country)

16. (a) Informant Nord Reno
(b) Address Morley Mo

17. (a) — (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Jan 2 - 1943 (Date received local registrar) (b) Mrs. Wm Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 10 year 1942 hour 3 minute — M.

21. I hereby certify that I attended the deceased ~~from~~ on Dec 10, 1942 to ~~—~~, 19—; that I last saw ~~him~~ alive on 12/10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diagnosis Uncertain — 15 hrs.
Due to —
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

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

23. Signature J A Cline (M. D. ~~or other~~)
Address Oran Mo Date signed 12/10/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 143-46
Date Filed 1-8-43

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

State File No. 42184

Registration District No. 332 Primary Registration District No. 6114 Registrar's No.

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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: Unnamed

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec (Month) 9 (Day) 1942 (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo

18. (a) Signature of funeral director Hesseman Funeral Home

(b) Address Oran Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death: Probable Bronchio-Pneumonia — Duration: Few hours

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature J. A. Cline (M. D. or other)

Address Oran Mo Date signed

SUPPLEMENTARY

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