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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 21 1943

27

Primary Registration District No. 3005

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
Butler Memorial D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town RFD Butler Mo
(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 D

3. (a) PRINT FULL NAME Leo Roy Mustain

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1942 hour _____ minute _____ M.

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 12 22 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to Dec 22 1942, and that I last saw him alive on Dec 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
level 8 an
12-22-42

Duration _____

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

0 0 0 8 hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Calaney Mustain

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

14. Maiden name Calaney Webb

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

Major findings:
Of operations _____
Of autopsy _____

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

16. (a) Informant Calaney Mustain

(b) Address RR Butler Mo

17. (a) Burial (b) Date thereof 12 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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

(b) Address 109 N. High St Butler Mo

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 L. D. Latham (M. D. or other) MD
Address Butler, Mo. Date signed _____

19. (a) Dec 22, 1942 (b) Mrs. Marjorie Livingston
(Date received local registrar) (Registrar's signature)

1306

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1393
Date Filed 1-12-42

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.....

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.