

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 13 1943

Registration District No. 179

Primary Registration District No. 5669

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Hawkpoint
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town 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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1943 hour 11:00 minute — P.M.

21. I hereby certify that I attended the deceased from Birth
Jan 6, 1943, to Death Jan 6, 1943;
that I last saw h. ex. alive on Jan 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital debility

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 15

Major findings: _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature V. C. Aldrich (M. D. or other) D.O.
Address Tracy, Mo Date signed 1/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULLNAME MARK JANE KUDA

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married Infant

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

7. Birth date of deceased Jan 6 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Lawrence Kuda

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

14. Maiden name Elaine D. Gorman

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

16. (a) Informant Lawrence Kuda

(b) Address Hawkpoint Mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Jan 7, 43
(Month) (Day) (Year)

(c) Place: burial or cremation Tracy Catholic Cem

18. (a) Signature of funeral director Wayne M. Boy

(b) Address Tracy Mo

19. (a) Feb. 1/43 (Date received local registrar) (b) Mr. Fly Jackson (Registrar's signature)

1186

(Licensed Embalmer's Statement on Reverse Side)

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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.