6945

. S. No. 2
DM—5-42
v. 5-17-39
P. B. X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 22

61
3
2

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

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 412 Vine 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 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61

(a) State Missouri (b) County Macon 1

(c) City or town New Cambria 1
(If outside city or town limits, write "RURAL")

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

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

If yes, name country — 1

3. (a) PRINT FULL NAME ROBERT LOUIS LAST

3. (b) If veteran, name war —

3. (c) Social Security No. 497-18-8411

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Leta J Last

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 8 (Day) 1863 (Year)

8. AGE: Years 79 Months 9 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Hessville (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Store Clerk

11. Industry or business Grocery & Drygoods

FATHER
12. Name August Last
13. Birthplace Pommeron (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Redtman
15. Birthplace Pommeron (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs R. L. Last

(b) Address New Cambria, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 17 (Day) 1943 (Year)

(c) Place: burial or cremation New Cambria

18. (a) Signature of funeral director H. J. Gilleland

(b) Address New Cambria Mo

19. (a) 2/17/43 (Date received local registrar) (b) Nora B. Hunkler (Registrar's signature)

1037

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1943 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from Feb 1, 1943 to Feb 15, 1943 that I last saw him alive on Feb 13, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Cardio-Vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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 R. P. Bronoway (M. D. or other)

Address Macon Mo Date signed 2/16/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1943

APR 10 1944

APR 8 1944

RECEIVED
District Health Officer No. 10
District File Number 343.534
Date Filed [illegible] 1943

APR

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. 4019, working under my personal supervision.

Signed H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.