

FILED APR 7 1943

Registration District No. ....

Primary Registration District No. 5037

Registrar's No. 48

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. .... (Specify whether  
In this community 3 years. .... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Rural Centralia  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Robert Miller Settles  
3. (b) If veteran, name war. No 3. (c) Social Security No. 489-16-0728

4. Sex M 5. Color or Race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Jackie Settles 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased Nov. 8, 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
33 4 12 hr. .... min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER, FATHER { 12. Name W. P. Settles  
13. Birthplace Audrain County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria K Mitchell  
15. Birthplace OK Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. P. Settles

(b) Address Centralia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Flwood

18. (a) Signature of funeral director Edw. Amself

(b) Address Mexico, Missouri

19. (a) 3-22-43 (Date received local registrar) (b) Margaret H. Muecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1943 hour 10 minute 30 P.M.

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

Immediate cause of death jury verdict  
We the jury find that the  
Due to deceased came to his death  
by gun hitting suicide by hanging  
Due to himself in his barn  
by. Benton, coroner

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HEA  
Of autopsy

Duration  
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) suicide  
(b) Date of occurrence 3/20/43  
(c) Where did injury occur? his home Audrain Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in his barn  
(Specify type of place)

While at work? by wire from rafters of barn  
(d) Means of injury hanging  
23. Signature Ed. Benton (M. D. or other)  
Address Mexico Mo Date signed 3/2/43

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

RECEIVED

District Health Officer No. 10

District File Number MAR 4-43-623

Date Filed MAR 15 1943

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 Wm. Arnold

Licensed Embalmer No. 3569

P. O. Address Wm. Arnold

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.