No. 2
5-42
6-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11086

State File No.

Registration District No. 274 Primary Registration District No. 5932 Registrar's No. 106

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rual La Monte Mo
(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
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Rual La Monte Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Danial Igo Tevis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Ida May Tevis

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

7. Birth date of deceased Sep (Month) 5 (Day) 1864 (Year)

8. AGE: Years 78 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Moniteau Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Hebrew Tevis
13. Birthplace Ky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Eliza Igo,
15. Birthplace Ky. (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs Oliver Severe
(b) Address La Monte

17. (a) La Monte (Burial, cremation, or removal) (b) Date thereof 2-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker
(b) Address La Monte Mo.

19. (a) 2-26-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24 43
year hour 9-30 minute A M.

21. I hereby certify that I attended the deceased from Feb 1, 1943, to March 24, 1943
that I last saw him alive on March 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Pyonephrosis	
Due to	
Due to	
Other conditions (1) Chr myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1330
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 H. W. Thoren (M. D. or other)

Address Knob Noster Mo Date signed Mar 25 1943

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 4-8-43

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 B. J. Carter

Licensed Embalmer No. 1592

P. O. Address La Junta Colo

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.