

S. No. 2
4-1-441
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18795**

FILED MAY 24 1943

Registrar's No. **70**

Registration District No. **274**

Primary Registration District No. **3056**

1. PLACE OF DEATH:

(a) County **Randolph**

(b) City or town **Moberly**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Randolph**

(c) City or town **Moberly** **88**
(If outside city or town limits, write "RURAL")

(d) Street No. **219 Hedges** **6**
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **SAMIE CUENTON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1** 1943
year _____ hour **6** minute **A** M.

4. Sex **male** 5. Color or race **col**

6. (a) Name of husband or wife **Rexie Cuenton** 6. (b) Age of husband or wife if alive _____ years
unknown

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from **now** _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

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

ink

Immediate cause of death **Natural - Undetermined**
Likely Coronary Thrombosis

Due to _____

Due to **Coronary case**

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

Jenn.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **James Cuenton**

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
Jenn.

14. Maiden name **Abel Bolden**

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
Jenn.

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Rexie Cuenton**

(b) Address **219 Hedges**

17. (a) Burial (b) Date thereof **4 3 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly MO**

18. (a) Signature of funeral director **P. L. Carr**

(b) Address **Moberly MO**

19. (a) 4-3-43 (b) **Anna Hove**
(Date received local registrar) (Registrar's signature)

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 **Coroner**

23. Signature **W. H. Gunders** (M. D. or other) _____
Address **Moberly** Date signed **4/1/43**

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

78
6
336

1036

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 5-43-858

Date Filed MAY 21 1912

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. ~~1234~~
working under my personal supervision.

Signed Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobley 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.