

S. No. 2
OM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20395

State File No.

Registrar's No. **2943**

ED JUL 13 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Keokuk

(c) Name of hospital or institution: General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether)

In this community unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cackson

(c) City or town Keokuk (If outside city or town limits, write "RURAL")

(d) Street No. 701 1/2 Main (If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RAY HARPOLD

3. (b) If veteran, name war unknown 3. (c) Social Security No. 496-057135

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced unknown

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

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

8. AGE: Years app 53 Months Days If less than one day hr. min.

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

10. Usual occupation Keokuk

11. Industry or business Keokuk

12. Name..... Keokuk

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

14. Maiden name..... Keokuk

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

16. (a) Informant Coroners Office (b) Address Court House

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. R.E.C.

18. (a) Signature of funeral director SEBETOS (b) Address 901 E 5th

19. (a) 7-2-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 43 hour..... minute..... M.

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

Immediate cause of death..... Subdural Hematoma

Due to..... Skull Fracture

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy: See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence June 28, 1943

(c) Where did injury occur? Keokuk City Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury Trauma

23. Signature P. E. Brown (M. D. or other) M. D. Address 25th McCoy Date signed 7/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Roy E. Snow

Licensed Embalmer No. *2560*

P. O. Address. *H E M*

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.