

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28441

Registrar's No.

33

LED SEP 13 1943

Primary Registration District No.

5579

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Mountain View
(c) Name of hospital or institution Trickwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 (Specify whether years, months or days)
In this community 2 years, months or days

3. (a) PRINT FULL NAME

3. (b) If veteran, name war None 3. (c) Social Security No. 200

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Adams 6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Sept 26 1861 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 30 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business

12. Name Thomas Adams
13. Birthplace Peru, Indiana (City, town, or county) (State or foreign country)
14. Maiden name Orlene Mitchell
15. Birthplace Peru, Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Reardo
(b) Address Peru, Indiana

17. (a) Buried (b) Date thereof 8-20-1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy's

18. (a) Signature of funeral director Wm. E. Dargatz
(b) Address Springfield, Mo.

19. (a) 8-25-1943 (b) Wm. E. Dargatz (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 95200 Delaware (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1943 hour 5 minute 55 M.

21. I hereby certify that I attended the deceased from Sept 2 to Aug 25, 1943
that I last saw him alive on Aug 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuber culosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 1361

Major findings: Of operations

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm. E. Dargatz (M. D. or other) Address Springfield, Mo. Date signed 8-25-1943

43-P-705

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.....

Licensed Embalmer No.....

P. O. Address.....

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.