

No. 2
4-2-43
5-17-39
1 X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31762

State File No. _____

FILED OCT 9 1943

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 39

1. PLACE OF DEATH:

(a) County IRON

(b) City or town FRANTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST MARYS OF THE OZARKS
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County REYNOLDS ⁰⁹⁰

(c) City or town TURBAN ⁰
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME SIMMIE DALE McNAIB

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced N

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: JANUARY 22 1940
(Month) (Day) (Year)

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

3 6 17 hr. _____ min.

9. Birthplace: CENTERVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name MURIELLE McNAIB

15. Birthplace CENTERVILLE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant R. R. McNAIB

(b) Address CENTERVILLE MO

17. (a) BURIAL (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGH CEMETERY

18. (a) Signature of funeral director John P. Lusk

(b) Address Franton, Mo.

19. (a) 9-6-1943 (b) Virginia B. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1943 hour 9 minute 105AM

21. I hereby certify that I attended the deceased from August 8, 1943, to August 9, 1943;
that I last saw him alive on August 9, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage from Stomach ^{Duration 12 hrs.}

Due to Possible foreign body, swallowed 2 months ago.

Due to _____

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

Major findings: 1952

Of operations: 14

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: 047

(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 Benn H. Bull (M. D. or other) W.D.

Address Franton, Mo. Date signed 8-9-43

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

RECEIVED

District Health Officer No. 4
District File Number 1043-2831
Date Filed 10-8-43

1020

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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.....

2/9/43

working under my personal supervision.

....., Registered Apprentice No.

Signed Leon P. Leibel

Licensed Embalmer No. 3475

P. O. Address Fronton 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.