

No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32417

State File No.

FILED SEP 17 1943
Registration District No. 2,4

Primary Registration District No. 6064

Registrar's No.

93
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Sh. Calair (Rural)

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

(c) Name of hospital or institution: Carey Farm Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years
(Specify whether years, months or days)

In this community Age of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri County: Sh. Calair

(c) City or town: Oscar Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: ALECK North

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1943 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from

4. Sex: M 5. Color or race: W

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

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: 10 years

7. Birth date of deceased: 11 (Month) 10 (Day) 1887 (Year)

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Block
Myocardial

Duration Year

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

61 7 13 hr. min.

Due to Hypertension

Due to

9. Birthplace: Sh. Calair County MO
(City, town, or county) (State or foreign country)

Other conditions: 93d
(Include pregnancy within 3 months of death)

10. Usual occupation: Farmer

Major findings: 93d

MOTHER FATHER

11. Industry or business:

12. Name: James A North

13. Birthplace: IND 1
(City, town, or county) (State or foreign country)

14. Maiden name: Mary North

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

Of operations:

Of autopsy: No

Underline the cause to which death should be charged statistically.

16. (a) Informant: H.C. North

(b) Address: Lowry City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-24-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Laurel

18. (a) Signature of funeral director: Oscar J. Home

(b) Address: Oscar MO

19. (a) 6-24-43 (Date received local registrar) (b) J. H. ... (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify): No

(b) Date of occurrence: No

(c) Where did injury occur?

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

While at work?

(e) Means of injury: 3

23. Signature: James A. North (M. D. or other) Carroll

Address: Oscar, Mo. Date signed: 9/4/43

1100

RECEIVED

District Health Officer No. 7,

District File Number 8-43-443

Date Filed 9-15-43

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.....

Paul Crestone

Licensed Embalmer No. 3990

P. O. Address Acicola 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.