

S. No. 2
M-542
v. 5-17-39
P. 1 X32

35333

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED NOV 12 1943

Registration District No. 212

Primary Registration District No. 5779

Registrar's No. 57

006

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

1. PLACE OF DEATH:

(a) County MILLER

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

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

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

In this community Life-time (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

(c) City or town RURAL - Franklin (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 JAMES - ROSCOE - VERNON

3. (b) If veteran name war none

3. (c) Social Security No. none

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased JAN. 21 1940 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1943 hour 9 minute 10 P M.

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

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

| | | | |
|---|---|---|--------------|
| 3 | 9 | 6 | - hr. - min. |
|---|---|---|--------------|

Immediate cause of death acute Myocarditis from history scarlet fever

Due to from history scarlet fever

Due to —

9. Birthplace MILLER - Co. Mo (City, town, or county) (State or foreign country)

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

Major findings: Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name ROSCOE - O - VERNON

13. Birthplace MILLER - Co Mo (City, town, or county) (State or foreign country)

14. Maiden name GENEVA - B. IRWIN

15. Birthplace FRANKLIN - Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roscoe O Vernon

(b) Address Eldon Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cem.

18. (a) Signature of funeral director Kath M. Rags

(b) Address Eldon Mo

19. (a) 11-1-43 (Date received local registrar) (b) [Signature] (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) W. F. Allee (e) Means of injury —

23. Signature Eldon (M. D. or other) —

Address Eldon Mo Date signed 11-2-43

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miller County Health Dep't.

County File Number 43-183

Date Filed 11-6-48

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 Keith M. Ragsdale
Licensed Embalmer No. 3998
P. O. Address Eldon 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.