

No. 2  
9-4-41  
17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 9 1943  
FILED DEC 24 1943  
Registration District No. 1916

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

F 38665

State File No. \_\_\_\_\_  
Registrar's No. 20

Primary Registration District No. 4308

1. PLACE OF DEATH:  
(a) County McDonald  
(b) City or town Noel MO.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County McDonald  
(c) City or town Noel MO. (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 Edwin Merton George.  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 702-12-1347

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lula George. 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased. March 22 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired R.R. Telegrapher

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Frank George,  
13. Birthplace Ill.  
14. Maiden name Estelle Anderson,  
15. Birthplace IND.

16. (a) Informant Lula George  
(b) Address Noel MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Anderson MO.  
18. (a) Signature of funeral director Charles Williams  
(b) Address Goodman MO.

19. (a) 11-5-43 (Date received local registrar) (b) Edwin M. George (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd, year 1943 hour 2 minute 4 M.  
21. I hereby certify that I attended the deceased from Sept 25 1943 to Nov 1st 1943  
that I last saw him alive on Nov 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Arterio sclerosis  
Due to Nephritis chr albumin

Duration  
2 days  
4 years  
5 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J.A. Peanung (M. D. or other) \_\_\_\_\_  
Address Noel MO Date signed Nov 1/43

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1328

Date Filed DEC 7 1943

DEC 7 1943

---

**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.