

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 7 1944

Registration District No. _____

Primary Registration District No. 3018

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Dent

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

(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 X
(Specify whether years, months or days)

In this community most of his life

3. (a) PRINT FULL NAME Emmitt Ervin Mounce

3. (b) If veteran, name war X

3. (c) Social Security No. 487-20-3027

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife Nettie Pauline Mounce

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased Feb 11 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>25</u>	<u>11</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business X

12. Name Lee Mounce

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

14. Maiden name Effie May Wallis

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

16. (a) Informant Pauline Mounce

(b) Address Salem Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/17/44
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-15-44
(Date received local registrar)

(b) Jas. H. McHenry
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1944 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1-13 to 19

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Electrical Shock

Due to Death Immediately

Other conditions (Include pregnancy within 3 months of death) 193

Major findings: Of operations 90

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-13-44

(c) Where did injury occur? Salem Dent Mo
(City or town) (County) (State)

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

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

23. Signature Charles L. ... (M. D. or other) _____

Address Salem, Mo. Date signed 1-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number 24482

Date Filed 2-11-44

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 Carl H. Spencer

Licensed Embalmer No. 2370

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.