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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6921

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Clay

(b) City or town No Kan City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Larafee Flour 3 Mill (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

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

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

(e) Citizen of foreign country? Coroner Case (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Richard Earnest Still

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Linnie Still 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) — 16 (Day) — 1906 (Year)

8. AGE: Years 38 Months Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Liberty (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation .....

11. Industry or business Larabee Flour Mills

FATHER
12. Name James Still
13. Birthplace Cuva (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Cuva Taylor
15. Birthplace ..... (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Linnie Still
(b) Address Avondale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Mosthon Funeral Home
(b) Address No Kans City Mo

19. (a) Feb 19-1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 18th year 1944 hour 3.55 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Explosion at Larabee Flour Mills Mills No Kans City Mo

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

coroner case 181-1 35

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

(a) Accident, suicide, or homicide (specify) Accident 024

(b) Date of occurrence February 18 — 1944

(c) Where did injury occur? North Kan City Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Larafee Flour Mill (Specify type of place)

While at work? Yes (e) Means of injury Burned

23. Signature R W Prather (M. D. ~~or other~~) coroner 3

Address Excelsior Springs, Mo Date signed 2-19-44

1081 (Licensed Embalmer's Statement on Reverse Side) 1944

RECEIVED
District Health Officer No. 4
District File Number
Date Filed 2-24-44

JUL 5 1944

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address No Kan City 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.