

S. No. 2
M-9-4-41
v. 5-17-39
-I X28484

12448

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 21

FILED APR 14 1944
Registration District No. 373

Primary Registration District No. 4245

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield
(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)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

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

3. (a) PRINT FULL NAME Louis B. Queen

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 10 minute 30 p. m.

4. Sex Male

5. Color or face White

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

6. (b) Name of husband or wife Mae Queen

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June - 15 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5, 1944, to March 18, 1944
that I last saw him alive on March 17, 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>9</u>	<u>3</u>	<u>x</u> hr. <u>x</u> min.

Immediate cause of death Coronary Occlusion Duration 12 days.

Due to Cardio-vascular disease Unknown

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

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Carpenter

Major findings: Of operations 93d

11. Industry or business Shops and homes

Of autopsy

12. Name Benjamin Queen

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gallahorn

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

16. (a) Informant Mae Queen

(b) Address Marshfield, Mo.

17. (a) (Burial, exhumation, or removal) (b) Date thereof 3 - 21 - 44
(Month) (Day) (Year)

(c) Place: burial or exhumation

18. (a) Signature of funeral director See listing

(b) Address Marshfield, Mo.

19. (a) March 30 - 44 (b) Charlotte Brune
(Date received local registrar) (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) (e) Means of injury /

23. Signature C.P. Macdonald (M. D. or other M.D.)

Address Marshfield, Mo. Date signed 3/18/44

1344

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 444-462

Date Filed APR 12 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 Lex Laine

Licensed Embalmer No. 13312

P. O. Address Marshfield, 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.