

No. 2
4-5-43
5-17-39
X36671

FILED MAY 31 1944

Registration District No. 3017 Primary Registration District No. 3017 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether In this community whole life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

(c) City or town Salisbury 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Frank Page

3. (b) If veteran, name was unknown

3. (c) Social Security No. none?

4. Sex Male g 5. Color or race Colored

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

6. (b) Name of husband or wife Mamie Page

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased about 1855
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1944 hour 9:00 minute 10 - A.M.

21. I hereby certify that I attended the deceased from March-28 1944 to Apr-07 1944
that I last saw him alive on April 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 3rd burn of lower extremities 3/24/44
Duration

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

about 89 - - hr. min.

9. Birthplace unknown Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business 1

MOTHER FATHER { 12. Name George Page

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rick Mc Adams

(b) Address Salisbury Missouri

17. (a) Burial (b) Date thereof 4-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury City Cemetery

18. (a) Signature of funeral director Geo W. Winkelman

(b) Address Salisbury Missouri

19. (a) April-8-44 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury? WMD

23. Signature H. W. W. W. (M. D. or other)

Address Booneville, Mo Date signed 4/7/44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-2-44

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

not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Chas B. Winckelmeier

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Missouri

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.

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Booneville
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Frank Page
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 89 Months Days If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April at year 1948 hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death: 3rd burn lower extremities Duration 7/24/48

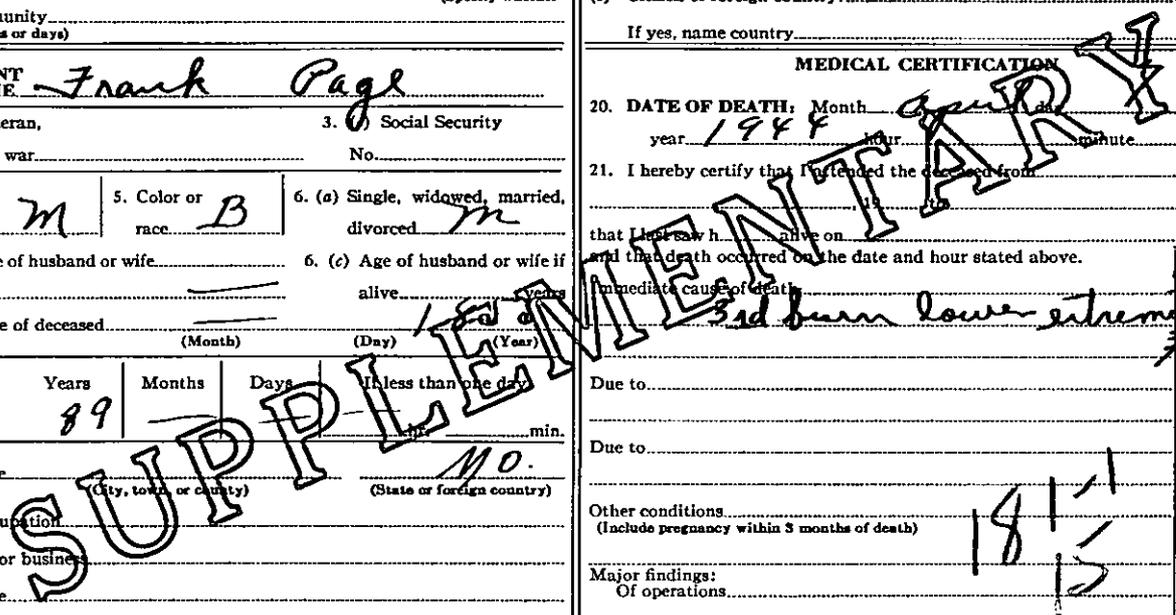
Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 18 1/2

Major findings: Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence April 1 1948
(c) Where did injury occur? Home, Palestine, 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? Home (Specify type of place) (e) Means of injury burn
23. Signature John W. ... (M. D. or other) MD
Address Booneville Mo Date signed



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

MOTHER FATHER

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