

Registration District No. **261** Primary Registration District No. **4317**

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town Marquand, 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 0

3. (a) PRINT FULL NAME Vernon A. Homan
 (b) If veteran, name war no
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 5
 year 1944 hour 10 AM minute 0 M.
21. I hereby certify that I attended the deceased from
May 30th, 1944 to June 4th, 1944
 that I last saw him alive on June 4th
 and that death occurred on the date and hour stated above.

4. Sex m **5. Color or race** W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Octa Homan
(c) Age of husband or wife if alive 44 years
7. Birth date of deceased Feb 10 1899
 (Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage
 Duration May 30-44

8. AGE: Years 45 Months 3 Days 25
 If less than one day hr. min.

Due to
 Due to
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

9. Birthplace Iron Mt. Mo. 0
 (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business General Store & Oil business
12. Name Henry Edward
13. Birthplace Iron Mt. Mo. 0
 (City, town, or county) (State or foreign country)
14. Maiden name Sabula, Mo. 0
15. Birthplace Sabula, Mo. 0
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
S3a!

16. (a) Informant Octa Homan
(b) Address Marquand Mo
17. (a) Burial no **(b) Date thereof** 6/7-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery
18. (a) Signature of funeral director Arthur H. Holt
(b) Address Funderskott, Mo.
19. (a) June 7 1944 **(b) S. C. Slavakis**
 (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?
 (Specify type of place)
 While at work? **(e) Means of injury**
23. Signature S. C. Slavakis (M. D. or other) 0
 Address 135 W. Main Funderskott Date signed 6/6/44

JUL 29 1945

RECEIVED

District Health Officer No. 4
District File Number 644-3995
Date Filed 6-17-44

JUN 29 1944

JUN 22 1944

JUL 18 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 H. Kelly

Licensed Embalmer No. 4264

P. O. Address Spokane, 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.