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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 29 1944

Registration District No. 27

Primary Registration District No. 2016

Registrar's No. 164

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

F 516

1. PLACE OF DEATH:

(a) County Cole County
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26
(c) City or town J.C. Mo. 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. Box 363 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME THOMAS PAUL ERWIN

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

4. Sex M 5. Color or race W 6. (a) widowed, married, divorced 0

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

7. Birth date of deceased July 13 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Jefferson City Mo 13
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Erwin

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

14. Maiden name Wanda Jean Blount

15. Birthplace Janestown Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Erwin

(b) Address Jefferson City

17. (a) Interment (b) Date thereof July 14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrison Arkansas

18. (a) Signature of funeral director H. Williams

(b) Address California Mo

19. (a) July 13-1944 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 13
1944 to _____ 19____;
that I last saw him alive on July 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Atelectasis of lungs
Due to _____

Due to 160c

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

Major findings: Caesarian
Of operations operator Deformed pelvis
Of autopsies washer
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) (e) Means of injury _____

23. Signature J. B. Bruce (M. D. or other) M.D.

Address Jefferson City Date signed 7/13/44

Permit Signed by Dr. J. A. Rice (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-27-44

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.....

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address..... *California, 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.