

S. No. 2
 OM-8-43
 v. 5-17-39
 PI X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED OCT 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31234**

Registration District No. **170**

Primary Registration District No. **5625**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Camden, Laclede**
 (b) City or town **Highway # 5 - 1/2 mi. N. of**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **ambulance on way to Lebanon from Camden**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **life** **3** years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME **Clarence Arthur Percival**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sep** day **18**
 year **1944** hour _____ minute _____ P. M.
 21. I hereby certify that I attended the deceased from **9-18** 1944 to **9-18** 1944
 that I last saw him alive on **9-18** 1944
 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color of race **whit**
 6. (a) Single, widowed, married, divorced **single**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 4 1930**
(Month) (Day) (Year)

Immediate cause of death **gunshot wound of head - accident**
 Duration **few hrs**

8. AGE: Years Months Days If less than one day
14 2 14 hr. _____ min.

Due to _____
 Due to _____
 Other conditions **none**
(Include pregnancy within 3 months of death)

9. Birthplace **Linn Creek Mo**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Student**

Major findings: Of operations **none**
 Of autopsy **none**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name **Joseph Leonard Percival**
 13. Birthplace **Linn Creek Mo**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Angeline Leffert**
 15. Birthplace **Camden Mo**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide specify **accident**
 (b) Date of occurrence **Sep 18**
 (c) Where did injury occur? **Camden Mo**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home

16. (a) Informant **J. Percival**
 (b) Address **Linn Creek, Mo**
 17. (a) **burial** (b) Date thereof **Sep 20-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Freedom cem**
 18. (a) Signature of funeral director **Banksen-Woolery**
 (b) Address **Camden, Mo**
 19. (a) **Sep 28-44** (b) **Drace Koper**
(Date received local registrar) (Registrar's signature)

While at work? **no** (Specify type of place)
 (c) Means of injury **gun shot**
 23. Signature **D. E. Hill**
 Address **Camden, Mo** Date signed **9-25-44**

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

300

1090

Received

Laclede County Health Unit

File No. 9-44-122

Date Filed 10/11/44

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

Walter Bankson Woolery

Licensed Embalmer No.

2488

P. O. Address

Bankston, 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.