

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 95

Registration District No. 141

Primary Registration District No. 3075

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains, Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs - years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. 115 N. Main
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mo. Oaks
3. (b) If veteran ✓ name was _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 17 year 1944 hour 3:30 minute pm
21. I hereby certify that I attended the deceased from 10/2/44 19____ to 10/3/44 19____
that I last saw him alive on 10/2/44 19____
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 W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 12 (Month) (Day) (Year)

Immediate cause of death Myocarditis, Chron. with coronary disease.
Due to chronic heart disease
Due to _____

8. AGE: 63 Years Months Days If less than one day _____ min.
9. Birthplace Kentucky (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy, within 3 months of death) _____
Major findings: 93d
Of operations _____
Of autopsy _____

10. Usual occupation Farmer
11. Industry or business _____
12. Name Mo. Oaks
13. Birthplace M.C. (City, town, or county) (State or foreign country)
14. Maiden name Martha
15. Birthplace Ky. (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) _____
(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 _____

16. (a) Informant James Oaks
(b) Address 115 N. Main, Mo
17. (a) _____ (b) Date thereof 9/5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 115 N. Main
18. (a) Signature of funeral director James Oaks
(b) Address West Plains, Mo
19. (a) 11-25 (b) James Oaks
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Thurnburg (M. D. or other)
Address West Plains, Mo. Date signed 10/5/44

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

RECEIVED

District Health Officer No. 5,

District File Number 12 44602

Date Filed 12-8-44

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 Raymond A. Robertson

Licensed Embalmer No. 3435

P. O. Address West Haven, Conn

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.