

S. No. 2
M-5-43
7-5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38386

State File No.

FILED DEC 12 1944

Registration District No. 23 Primary Registration District No. 5812

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery Rural

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

(c) Name of hospital or institution: Prank Jurg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery ⁷⁰

(c) City or town Middletown Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 miles East of Middletown
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William LeTempt

3. (b) If veteran, name war World war 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or White

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

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

7. Birth date of deceased Dec. 14 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1944 hour 6:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

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

49 10 26 _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____ 94a

Other conditions _____
(Include pregnancy within 5 months of death)

9. Birthplace Perry Rocky Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name not known

13. Birthplace not known 7
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 1
(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 November 10th 1944

(c) Where did injury occur? Middletown Montgomery Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm
While at work? 2. a. b. c. (Specify type of place) (e) Means of injury 2.

23. Signature F. J. Bell, J.P. Acting Coroner (M. D. or other) _____
Address Jonesburg, Mo. Date signed 11-10-44

16. (a) Informant Oral Johnson

(b) Address Perry, Mo

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof Nov 13, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Perry Mo

18. (a) Signature of funeral director Howell & Wells

(b) Address Middletown Mo

19. (a) Nov 11th (b) Mrs. Char. May
(Date received local registrar) (Registrar's signature)

1382

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 13 1944

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed

12-9-44

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 Self,

Registered Apprentice No. _____

working under my personal supervision.

Signed

Licensed Embalmer No. 1588

P. O. Address Hellville 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.