

S. No. 2
 M-5-42
 v. 5-17-39
 P1 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38554
 State File No. 18
 Registrar's No. 57

FILED DEC 23 1944
 Registration District No. 13745

Primary Registration District No. 4409

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

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Newburg
 (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
 years, months or days 40 yrs (Specify whether)

3. (a) PRINT FULL NAME Napoleon Fore
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Jamie Dow 6. (c) Age of husband or wife if alive 30 1/2 years
 7. Birth date of deceased Nov 30 1877
 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 6
 If less than one day _____ hr. _____ min.

9. Birthplace Cherry Valley MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Andy Dow
 13. Birthplace Frankfort Ind
 (City, town, or county) (State or foreign country)

14. Maiden name Mahalay Malone

15. Birthplace Yancy Mills MO
 (City, town, or county) (State or foreign country)

16. (a) Informant J. G. Foster
 (b) Address Newburg MO

17. (a) Burial (b) Date thereof Nov 8 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newburg MO

18. (a) Signature of funeral director Lee Johnson
 (b) Address Newburg MO

19. (a) 11/13/44 (b) Dep. A. B. Coyle
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Phelps
 (c) City or town Newburg
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
 year 1944 hour _____ minute 230 M.

21. I hereby certify that I attended the deceased from Nov 3 to Nov 6
 that I last saw him alive on Nov 6 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
 Due to Syphilis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 300

Major findings:
 Of operations _____
 Of autopsy 1

Duration _____
 PHYSICIAN _____
 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 R. B. Brierly (M. D. or other)
 Address Newburg MO Date signed 11-7-44

4409 (Licensed Embalmer's Statement on Reverse Side)

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.....

Lee Johnson

Licensed Embalmer No.....

3392

P. O. Address.....

Newburg 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.