

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41317**
Registrar's No. **86**

Registration District No. **140** Primary Registration District No. **3024**

1. PLACE OF DEATH:
(a) County **Howard**
(b) City or town **Fayette, Mo.**
(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) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All his life**
years, months or days

3. (a) PRINT FULL NAME **Harry Settles**
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 **Katherine Willis Settles** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **March 30 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 **8** **22** hr. min.

9. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **George H Settles**
13. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mattie Morris**
15. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Willis Settles**
(b) Address **Fayette, Missouri**

17. (a) **Burial** (b) Date thereof **12-24-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetery Fayette**

18. (a) Signature of funeral director **Ralph A. Carr**
(b) Address **Fayette, Missouri**

19. (a) **12-26-1944** (b) **Ed W. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Howard** **45**
(c) City or town **Fayette** **1**
(If outside city or town limits, write "RURAL") **1**
(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 **Dec.** day **22nd**
year **1944** hour **10:30** minute **P** M.
21. I hereby certify that I attended the deceased from **Jan 1944** to **Dec 22 1944**
that I last saw him alive on **12-22** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia - Chronic past year**
Due to **nephrosis** **30 years**

Other conditions (Include pregnancy within 3 months of death) **2 1/2**
Major findings: Of operations _____
Of autopsy _____
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 **Ed W. Williams** (M. D. or other) **MD**
Address **Fayette, Mo** Date signed **12-26-44**

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

RECEIVED

District Health Officer No. 5.

District File Number

Date Filed 1-12-40

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 *Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address *Jayette 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.