

S. No. 2
DM-5-43
v. 5-17-39
I X36671

5409

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 12 1945

Registration District No. 7

Primary Registration District No. 3200

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Arm & Smith Hosp.
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan

(c) City or town Harris 105
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? NO. 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR F. DULEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11, year 1945 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 2-8 1945 to 2-11 1945 that I last saw him alive on 2-11 1945 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 6-5-1863
(Month) (Day) (Year)

Immediate cause of death Postoperative shock Duration 6 hrs

Due to amputation toes w/ foot 12 hrs

Due to gangrene 10 days

8. AGE: Years 81 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

Major findings: Of operations: 190

Of autopsy: 199

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Elisha Duley 9

13. Birthplace Worland 9
(City, town, or county) (State or foreign country)

14. Maiden name Robertson 9

15. Birthplace Worland 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Barnett

(b) Address Harris, Mo

17. (a) Burial (b) Date thereof 2-13-45
(Burial, cremation, or removal) (Month, Day) (Year)

(c) Place: burial or cremation California, Mo

18. (a) Signature of funeral director Gidd + Payne

(b) Address Harris, Mo

19. (a) 3-2-45 (b) Mrs. J. W. Wasure
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 29 (3)

(c) Where did injury occur? Harris, Sullivan Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) Means of injury Truck foot

23. Signature George E. Ginn (M. D. or other) MD.

Address Parisville, Missouri Date signed 2-14-45

RECEIVED

District Health Officer No. 10

District File Number 3-45-393

Date Filed MAR 8 1945

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.....

Licensed Embalmer No.

P. O. Address.....

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.