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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 7

1. PLACE OF DEATH:

(a) County FRANKLIN

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

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

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community One Month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rollinger

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME SAMUEL GRISHAM VIRGIN

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma Jane Virgin

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October (Month) 1 (Day) 1866 (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day hr. min.

9. Birthplace ZALMA (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation PREACHING

11. Industry or business Ministry.

FATHER 12. Name Enoch Virgin

13. Birthplace Zalma (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Elizabeth Shurron

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

16. (a) Informant Mrs. Emma Jane Virgin

(b) Address Zalma, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6, '45 (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Missouri

18. (a) Signature of funeral director [illegible]

(b) Address Sullivan, Missouri.

19. (a) 4/4/45 (Date received local registrar) (b) Gilbert Gillons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day Fourth year 1945 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from March 15, 1945, to April 4, 1945; that I last saw him alive on April 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal pneumonia bronchial	4 Days
Due to stasis	1 mo.
Due to malnutrition	2 mos.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. A. Carter (M. D. or other)

Address Sullivan, Mo. Date signed 4/4/45

11 21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9

District File Number.....

Date Filed 4-9-45

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan 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, above space should be left blank.