V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34797

FILED OCT 18 1945

Registration District No. 326 Primary Registration District No. 6101 4481 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Gorin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State So. Dak (b) County 999
(c) City or town Vermillion 39
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Olaism L Couture

3. (b) If veteran, name war 1st world ware
3. (c) Social Security No. 504-05-2865

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased (Month) (Day) (Year) 1891

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Vermillion (City, town, or county) So. Dak (State or foreign country)
10. Usual occupation Pipefitter
11. Industry or business Laborer

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Jerry Berk
(b) Address Hedge City Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Vermillion S. Dak
18. (a) Signature of funeral director Gerth & Barkett
(b) Address Memphis Mo
19. (a) Oct. 10-1945 (Date received local registrar) (b) Mrs. E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 5 year 1945 hour 6 ~~minute~~ a M.
21. I hereby certify that I attended the deceased from 10/5/45 10/5/ 1945, to ——, 19 ; that I last saw ~~him~~ dead ~~alive~~ on 10/5/45, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Killed by Train (Instantaneously)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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

22. If death was due to external causes, fill in the following: 99
(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 P M Baker 3 (M. D. or ~~other~~) Coroner
Address Memphis Mo Date signed 10/4/45

1612

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1945

RECEIVED
District Health Officer No. 10
District File Number 10-45-1623
Date Filed OCT 17 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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis

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.