

8. No. 2
-9-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16245

State File No. _____

Registrar's No. 76

Registration District No. 114

Primary Registration District No. 4186

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County FRANKLIN 31

(c) City or town SULLIVAN, MO
(If outside city or town limits, write "RURAL") 4

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN PARTLOW

3. (b) If veteran, name war NONE

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife LULUBELLE PARTLOW

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased JAN. 23 1933
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name NOT KNOWN 9

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

14. Maiden name _____

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

16. (a) Informant LULUBELLE PARTLOW

(b) Address SULLIVAN, MO.

17. (a) BURIAL (b) Date thereof MAY 29 -46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SULLIVAN, MO

18. (a) Signature of funeral director J. J. Williams

(b) Address Sullivan, Mo.

19. (a) 5-29-46 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from May 26 1946 to May 26 1946;
that I last saw _____ alive on May 26 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary occlusion
Due to u. occlusion
Due to _____

Duration

few minutes
10 hours

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

Major findings:
Of operations _____
Of autopsy _____
940

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 J. J. Williams (M. Doctor or other)

Address Sullivan, Mo. Date signed 5/29/46

97 (Licensed Embalmer's Statement on Reverse Side)

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

15102

6
4
0

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 6-4-46

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 J. T. Williams

Licensed Embalmer No. 427

P. O. Address Successor

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.