

FILED JUN 13 1946
185

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 4300

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Laclede
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Keller Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Linnens (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME

SAM TOTTEN

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 single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 5 years 1873 (Day) (Year)

8. AGE: Years 72 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Grundy Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired from Labor

11. Industry or business

12. Name George H. Totten
13. Birthplace unknown unknown (City, town, or county) (State or foreign country)
14. Maiden name Dorothy Ladd
15. Birthplace unknown unknown (City, town, or county) (State or foreign country)

16. (a) Informant Shirley Totten

(b) Address Linnens, Mo

17. (a) Burial (b) Date thereof 5/24/1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linnens Cemetery

18. (a) Signature of funeral director H. G. Thorne

(b) Address Laclede, Missouri

19. (a) May 24 1946 (b) Chris A. Martens (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd year 1946 hour 8:5 minute 4 M.

21. I hereby certify that I attended the deceased from 4/8 1946 to 5/17 1946 that I last saw him alive on 5/17 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lung Cancer
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 124R
Of autopsy

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 2 DO.

23. Signature J. Willis (M. D. or other) DO.
Address Linnens Mo Date signed 5/23/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed My Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.