

No. 2  
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17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43435

State File No. ....

FILED JAN 17 1947

Registration District No. ....

Primary Registration District No. 5281

Registrar's No. 83

1. PLACE OF DEATH:

(a) County. Clark  
(b) City or town. Madison  
Kahaha Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
County Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Clark  
(c) City or town. Kahaha - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Madison  
(If rural, give location)  
(e) Citizen of foreign country? U (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Crate Gee

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. 1885 years (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 1 If less than one day hr. min.

9. Birthplace. Attemwa Iowa (City, town, or county) (State or foreign country)

10. Usual occupation. Farming

11. Industry or business. ....  
12. Name. Thomas Lee  
13. Birthplace. Iowa (City, town, or county) (State or foreign country)  
14. Maiden name. Heane Lee  
15. Birthplace. Iowa (City, town, or county) (State or foreign country)

16. (a) Informant. Thomas Lee  
(b) Address. Attemwa Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. Jan 2 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation. County Home

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

(b) Address. Kahaha Mo.

19. (a) 1-4-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-1-46 to 12/31/46 that I last saw him alive on 12/31/46 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocarditis  
chronic

Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) .....  
Major findings: Of operations 931  
Of autopsy 931

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? U

While at work [Signature] (Specify type of place) (e) Means of injury U  
23. Signature [Signature] (M. D. or other) Address Kahaha Mo. Date signed

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

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

RECEIVED  
District Health Officer No. 11  
District File Number 447-62  
Filed JAN 16 1947

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 Olis L. Suttering

Licensed Embalmer No. 29657

P. O. Address Quincy, 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.