

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10083**

Registration District No. **231**

Primary Registration District No. **5811**

Registrar's No. **8**

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

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

3. (a) PRINT FULL NAME Donald C. Larkin
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27th
year 1947 hour 1 minute 30 M.
21. I hereby certify that I attended the deceased from
25 1945 to March 27 1947
that I last saw him alive on March 25 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Maudie Larkin
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JUNE 5, 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to Chronic Hypertension 5-6 yrs.
Due to _____

8. AGE: Years 66 Months _____ Days _____
If less than one day hr. _____ min. _____

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: None
Of operations None
Of autopsy None

9. Birthplace CENTERVILLE MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER

MOTHER FATHER
11. Industry or business _____
12. Name SAMPSON LARKIN
13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MISSOURI JENNINGS
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. R. S. Newton
(b) Address Montgomery City, Mo.
17. (a) Removal (b) Date thereof March 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ellington, Missouri
18. (a) Signature of funeral director Charles Martiny
(b) Address Montgomery City, Mo.
19. (a) 3-28-47 (b) William Spines
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? no (Specify type of place) (e) Means of injury _____
23. Signature E. J. Anderson, M.D. (M. D. or other) M.D.
Address Montgomery City, Mo. Date signed 3/27/47

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
APR 10 1947
Date Filed

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *E. Boone Schlanke*

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City, 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.