No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

Registration District No. 88

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8277

Primary Registration District No. 5327

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Crawford
(b) City or town: Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Crawford
(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? American (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: George F. Courtney
3. (b) If veteran, name war: .....
3. (c) Social Security No. .....

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife: Nate Courtney
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct. (Month) 20 (Day) 1867 (Year)

8. AGE: Years 80 Months 3 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: —

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

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

16. (a) Informant: Glen Courtney
(b) Address: Salem Rt. 5 Salem Mo
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof: Mar. 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Wesco Mo
18. (a) Signature of funeral director: L. Johnson & Son
(b) Address: Steelville Mo
19. (a) 3/6/48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4th year 1948 hour ..... minute 12 P M.

21. I hereby certify that I attended the deceased from February 2 1948 to Feb. 4 1948 that I last saw him alive on Feb. 2 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	20 min.
Due to: Influenza	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 3 3 B	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Manner of injury: 2

23. Signature: William H. Robey (M. D. or other) DO.
Address: Steelville Mo Date signed: 2/12/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 34818-E
Date Filed 3-20-48

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 L. J. Jonas, Registered Apprentice No. ....., working under my personal supervision.

Signed L. J. Jonas
Licensed Embalmer No. 2379
P. O. Address Kensville Md

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.