

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 144

Primary Registration District No. 5362

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural, Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 miles south of Arcadia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles south of Arcadia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Verna Florence Piatt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex fem / 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 14 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 11 hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Holzgrove
(b) Address 1069a Garth Ave. St. Louis
17. (a) burial (b) Date thereof 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glover Missouri
18. (a) Signature of funeral director White Funeral Home
(b) Address Pf. White Ironton Mo.

19. (a) 8-2-48 (b) Aris Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 6 minute 15 AM.

21. I hereby certify that I attended the deceased from July 12
_____ 1948 to July 16 1948
that I last saw h. er alive on July 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death tabacous hepatitis Duration not known

Due to not known

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

Major findings:
Of operations _____
Of autopsy _____
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?

(Specify type of place)
While at work _____ (e) Means of injury 0

23. Signature J. H. Martin (M. D. or other)
Address Ironton, Mo. Date signed 7/27/48

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

RECEIVED

District Health Officer No. 4
District File Number 848-1022
Date Filed 8-11-48

AUG 17 1948

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 Lucas J. White

Licensed Embalmer No. 2012

P. O. Address Emory Ave.

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.