DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27336

Primary Registration District No. 5988

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural, Elm Tmp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Livonia, Mo. /
(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 life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putnam 86

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Livonia, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country XX

3. (a) PRINT FULL NAME Elmer Veach

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Millie Veach

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 4, 1875 (Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Posie Veach
13. Birthplace ____ (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Rosie Winningham
15. Birthplace ____ (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Bine Veach
(b) Address Unionville, Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 8-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Cemetery

18. (a) Signature of funeral director Hersted & Son,
(b) Address Unionville, Mo.

19. (a) 8-18-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature) 21-1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 2 year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 0, 1945, to aug 2, 1948 that I last saw him alive on aug 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 1 day

Due to arteriosclerosis & hypertension — years

Due to

Other conditions Senile debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 30
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 2

23. Signature Chas L. Judd (M.D. or other) D.O.

Address Unionville, Mo. Date signed 8-2-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-1
Date Filed AUG 24 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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Simonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.