S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

Registration District No. 142

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4309

State File No. 37308

Registrar's No. 39

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town South West City
(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
In this community 15 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Delaware 999

(c) City or town Jay 34
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Peter A. Virgin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie L. Virgin

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

7. Birth date of deceased Sept (Month) 19 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	21	hr. min.

9. Birthplace Bulner County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Susie L. Virgin

(b) Address Jay, Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Jay Cemetery

18. (a) Signature of funeral director Sam Clarke

(b) Address Jay, Okla

19. (a) 11-20-48 (Date received local registrar) (b) Virginia Buck (Registrar's signature) 271

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1948 hour 12 minute 45P M.

21. I hereby certify that I attended the deceased from 11-10, 1948, to 11-10, 1948 that I last saw him alive on 11-10-48, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 940	
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

23. Signature R. E. Harmack (M. D. or other) M D

Address Southwest City, Mo Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1338
Date Filed 12-6-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.