

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27258

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mississippi River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNKNOWN</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOUND IN MISSISSIPPI RIVER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>UNKNOWN</u> b. (Middle) <u>WHITE</u> c. (Last) <u>MAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>BODY FOUND AUGUST 28, 1949</u>			
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>ABOUT 50</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HEILIGTAG FUNERAL HOME KANSWICK Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>(VERDICT OF JURY) THIS MAN HAS BEEN TAKEN OUT OF THE MISSISSIPPI RIVER AND HOW HE CAME TO HIS DEATH WE DETERMINED DUE TO (c) BY DROWNING.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>59368</u> <u>48</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OTHERWISE IT'S UNKNOWN</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>UNKNOWN</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>UNKNOWN</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>UNKNOWN</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>UNKNOWN</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>50</u>

22. I hereby certify that I attended the deceased from INVALENTIA 1949, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Manuel J. Mohr, Coroner</u>	(Degree or title)	23b. ADDRESS <u>Repts, Mo.</u>	23c. DATE SIGNED <u>8/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BURGESS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ANTONIA Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 24-49</u>	REGISTRAR'S SIGNATURE <u>145 Phil J Kirk Arnold</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME KANSWICK Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
AUG 29 1949  
District Health Officer No. 9  
District File Number

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Arthur W. Neelington*

*Not Embalmed*

Licensed Embalmer No. *3872*

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.