

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5549</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Howard</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Howard</u>			
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #4</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #4 50</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route #4</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #4 50</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Page</u>	Month <u>June</u>	Day <u>6</u>	Year <u>1949</u>	Male <u>2</u>	6. COLOR OR RACE <u>Colored</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>January 31, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 2 HRS. Hours _____	Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Preacher</u>		
10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unknown</u>				
13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>How Page Fayette Mo.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>						
16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Starren Columbia Mo</u>					ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>				II. OTHER SIGNIFICANT CONDITIONS				<u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS				_____	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Oct 11</u> , 19 <u>48</u> , to <u>June 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 6</u> , 19 <u>49</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>Sept. 9 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>R.F.D Fayette Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Howard Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 21, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Columbia Mo</u>					

RECEIVED 9-22-49
District Health Officer No. 3

District File No. 9-22-49
Date Filed 9-22-49

SEP 26 1949

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, ~~only~~

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Stuart B. Parker*

Licensed Embalmer No. 2900

P. O. Address Columbia, Mo.

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.