

No. 2
9-4-41
5-17-39
1 X2944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 240

FILED JAN 21 1943 / 37

Registration District No. 37

Primary Registration District No. 4214

42
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Desperates, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42
0
0

(a) State Missouri (b) County Henry

(c) City or town Desperates, Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? citizen (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James D. Inskeep

3. (b) If veteran, no name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1942 hour 9 minute 42 P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1942 to Dec 29, 1942
that I last saw him alive on Dec 29, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White

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

6. (b) Name of husband or wife May Inskeep 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 27 1866
(Month) (Day) (Year)

Immediate cause of death NASAL Abscess
PNEUMONIA involving
both lungs, completely. Duration
2 days

Due to _____

Due to _____

8. AGE: Years 76 Months 11 Days 7
If less than one day hr. _____ min. _____

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

Major findings: 106

Of operations _____

Of autopsy _____

9. Birthplace Burton West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Inskeep

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bell

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James D. Inskeep

(b) Address Desperates, Mo

17. (a) Desperates, Mo (b) Date thereof 12-31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or _____ Desperates, Mo

18. (a) Signature of funeral director James D. Inskeep

(b) Address Desperates, Mo

19. (a) Dec 30 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature D. R. Townsend Jr. (M. D. or other) 210

Address Desperates Mo Date signed 12-30-42

RECEIVED

District Health Officer No. 71

District File Number

12-42-1446

Date Filed

1-17-43

WARREN ALAN

1234567890

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

Tam Hunt

Licensed Embalmer No.

2282

P. O. Address

Deepwater

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.