

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1944
Registration District No. 87

Primary Registration District No. 4150

State File No. 41018

Registrar's No.

1. PLACE OF DEATH:

(a) County CRAWFORD
(b) City or town BOURBON MO
(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 1 (Specify whether)
In this community LIFE TIME (Specify whether)
years, months or days

3. (a) PRINT FULL NAME ALBERT P. MISSEY

3. (b) If veteran. ✓ name war. ✓ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARRY J. STROUPE 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased. 11 (Month) 11 (Day) 1867 (Year)

8. AGE: Years 77 Months 1 Days 5 If less than one day ✓ hr. min.

9. Birthplace. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business.

12. Name COLUMBUS MISSEY

13. Birthplace WASHINGTON CO MO (City, town, or county) (State or foreign country)

14. Maiden name CYNTHIA TALBORE

15. Birthplace WASHINGTON CO MO (City, town, or county) (State or foreign country)

16. (a) Informant PRESTON MISSEY

(b) Address BOURBON MO

17. (a) BURIAL (b) Date thereof 12 17-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOURBON MO

18. (a) Signature of funeral director William

(b) Address Bourbon MO

19. (a) 12-16-44 (b) William (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Bourbon (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1944 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 12-11, 1944, to 12-11-44, 1944;
that I last saw him alive on 12-11-44, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Branchial Kneumonia 7 days.

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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) (Specify type of injury)

23. Signature Dr. L. P. Kerner (Physician's signature) (Date signed 12-17-44)

Address Sullivan MO

(Licensed Embalmer's Statement on Reverse Side)

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

2800

203

JAN 10 1945

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.