

11768

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

APR 23 1940
Registration District No. 582

Primary Registration District No. 5779

1. PLACE OF DEATH:

- (a) County MONROE
 (b) City or town RURAL - JACKSON
 (If outside city or town limits, write "RURAL" and name of township)
4 MI. S. OF PARIS
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 In this community 7 yrs. (Specify whether years, months or days) 153

3. (a) PRINT FULL NAME LUCINDA MILDRED AYNETT

3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ALFRED L. AYNETT

6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JAN. 14 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>17</u>	hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation AT HOME

11. Industry or business _____

12. Name SAMUEL THOMPSON13. Birthplace KY. 1
(City, town, or county) (State or foreign country)14. Maiden name LUCINDA JACKSON15. Birthplace KY. 1
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. J. Thompson(b) Address PARIS, MO.17. (a) RURAL (b) Date thereof APR. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation WALNUT GROVE18. (a) Signature of funeral director Speed & Blakey(b) Address PARIS, MO.19. (a) APR. 1, 1940 (b) F. A. Barnett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County MONROE
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 MI. SOUTH OF PARIS
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31ST
year 1940 hour 9 minutes 56 P. M.21. I hereby certify that I attended the deceased from July 1, 1939 to MAR 31, 1940
that I last saw her alive on MAR 29, 1940
and that death occurred on the date and hour stated above.Immediate cause of death arteriosclerosis Duration months

Due to _____

Due to _____

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

Major findings: Of operations _____

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

23. Signature M. C. M. Murray (If D. or other) _____
Address PARIS, MO. Date signed 4-1-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 8-17-39

RECEIVED

District Health Officer No. 10

District File Number H-40-809

Date Filed APR 11 1940

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

E. H. Agnew

Licensed Embalmer No.

4000

P. O. Address

Paris, Missour
9th 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11768

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 382

Primary Registration District No. 3779

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Jacobs
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRENT FULL NAME Lucinda Mildred Arnett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH Month Mar day 31
year 1940 hour _____ minute _____ M.

4. Sex 7 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

8. AGE: Years Months Days If less than one day
79 2 17 hr. _____ min.

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Apr. 1, 1940 (b) F. A. Barnett M.D.
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature M. C. McManis (or other) _____
Address Paris Date signed _____

SUPPLEMENTAL

11768 (1940)