

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17731

State File No. _____

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Community Nursing Home
 (If not in hospital or institution, write street number or location) 3
 (d) Length of stay: In hospital or institution 6 1/2 hours
 (Specify whether
 In this community 6 1/2 hours
 years, months or days)

3. (a) PRINT FULL NAME Frank Bone 500
 8. (b) If veteran, name war -----
 3. (c) Social Security No. 460-03-8592

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife DK
 6. (c) Age of husband or wife if alive DK years

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

8. AGE: Years 58 Months -- Days --
 If less than one day hr. min.

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

10. Usual occupation Cook 0

11. Industry or business Restaurant

MOTHER FATHER { 12. Name DK 9
 13. Birthplace DK (City, town, or county) (State or foreign country)
 14. Maiden name DK 7
 15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Jack D. Moore
 (b) Address Paris, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-1940
 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Davis Funeral Home
 (b) Address Kirksville, Missouri

19. (a) May 22/40 (Date received local registrar) (b) Spencer Treame (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County --
 (c) City or town Houston
 (If outside city or town limits write "RURAL")
 (d) Street No. 3917 Walker
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
 year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from May
19, 1940, to May 19, 1940;
 that I last saw him alive on May 19, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis with second day
terminal anginal pain
 Due to Hypertension with marked
Cardiac asthma
 Due to _____

Other conditions 9512
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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? _____

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

23. Signature W.D. McClure (M. D. or other) 3
 Address Kirksville, Mo. Date signed 5/20/40

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

RECEIVED

District Health Officer No. 10

District File Number 6-49-12-22

Date Filed JUN 13 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

Harold A. Kuga

Licensed Embalmer No. 4076

P. O. Address Ficksville,

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.