Form 2
1-10-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 18142

Registration District No. 159

Primary Registration District No. 5224

Registrar's No. 1

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

**1. PLACE OF DEATH:**

(a) County: Cass

(b) ~~City or town~~ Rural - Polk Twp

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

(c) Name of hospital or institution: 2

(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 5 yrs

8. (a) PRINT FULL NAME: Unknown.

8. (b) If veteran, name war ____

8. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

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

8. AGE: Years: adt 18 Months: ____ Days: 0 If less than one day ____ hr. ____ min.

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

10. Usual occupation: ?

11. Industry or business ____

FATHER
12. Name: unknown
13. Birthplace ____ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace ____ (City, town, or county) (State or foreign country)

16. (a) Informant: Wm Ware
(b) Address: Pleasant Hill, Mo

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Cem.

18. (a) Signature of funeral director: D. A. Nofsinger
(b) Address: Pleasant Hill, Mo.

19. (a) MAY 15 1940 (Date received local registrar) (b) W Beckman 150 (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Unknown (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.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Apr. day: 21 year: 1940 hour: ____ minute: ____ M.

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: Skull fracture, Crushed chest, Internal st. leg at body, Fell from

Due to: Running frightened train and was killed instantly sometimes

Due to: early a.m. 4/21/40

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

Major findings: Of operations ____

Of autopsy ____

Duration

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): accident

(b) Date of occurrence: 4/21/40

(c) Where did injury occur? 5 mi east of Pleasant (Street or town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place, in public place? (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Ed Griffith Coroner (M. D. or other)

Address: Pleasant Hill, Mo. Date signed: 4/24/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 D. A. Nofsinger, Registered Apprentice No. ..... working under my personal supervision.

Signed D. A. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Pleasant Hill

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

No. 2B
-2-21-40
1 X22659

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# STANDARD CERTIFICATE OF DEATH

State File No. 18142

Registration District No. 159 Primary Registration District No. 5224 Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County: Cass

(b) City or town: Pleasant Twp.
(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 years, months or days)

In this community

**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) PRINT FULL NAME: Unknown

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife

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

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

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| Approx. 18 | | | hr. min. |

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) MAY 15 1940 (Date received local registrar) (b) W. Beckman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr day 21 year 1940 hour minute M.

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 | Duration |
|---|---|
| | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. O. Murza (M. D. or other)

Address Pleasant Hill Date signed

SUPPLEMENTARY