FILED JUN 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18173

State File No.

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Excelsior Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County

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

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

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

3. (a) PRINT FULL NAME Charles E. Cecil 240

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary Cecil

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

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

8. AGE: Years 65 Months Days If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Hospital Records

(b) Address Excelsior Springs, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Culbertson, Neb.

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Mo

19. (a) May 5, 1940 (Date received by local registrar) (b) Miles Lee Wm Crocker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1940 hour 12 minute 10 a. M.

21. I hereby certify that I attended the deceased from April 7, 1940 to May 3, 1940 that I last saw him alive on May 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum — Duration
Surgical shock
Intestinal obstruction.
Due to Surgical operation.
Due to Hip
Other conditions Auricular fibrillation.
(Include pregnancy within 3 months of death)

Major findings:
Of operations adeno-carcinoma of upper rectum
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 Lester V Dawson (M. D.)

Address Excelsior Springs, Mo Date signed 5-3-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-40

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 Walter Barker, Registered Apprentice No. 228 working under my personal supervision.

Signed Claude Pochard

Licensed Embalmer No. 2757

P. O. Address Excelsior Springs

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

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