

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21834

State File No. _____

EO JUL 15 1940
Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 da. (Specify whether
In this community 19 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Blainstown "Rural"
(If outside city or town limits write "RURAL")
(d) Street No. 5 mi W Huntingdale Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME ERMAGENE M Lett
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 40 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 6-27 1940 to 7-5 1940
that I last saw him alive on 7-5 1940
and that death occurred on the date and hour stated above.

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

Immediate cause of death Encephalitis Duration 20 days

7. Birth date of deceased Nov. 11 - 1920
(Month) (Day) (Year)

Due to Streptococcus throat
Due to _____

8. AGE: Years Months Days If less than one day
19 7 24 hr. min.

Other conditions (Include pregnancy within 3 months of death) 115°

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

Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Student
11. Industry or business _____
12. Name Alvin Lett
13. Birthplace Osceola Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Susan E. Akers
15. Birthplace Manning Mo.
(City, town, or county) (State or foreign country)

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? 312

16. (a) Informant Alford Smith
(b) Address Blainstown Mo
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Salem

23. Signature James O Smith (M. D. or other) 1
Address Clinton Mo Date signed 7-5-40

18. (a) Signature of funeral director Fred Wilkerson
(b) Address Clinton Mo
19. (a) 7-6-40 (b) W. J. Hampton
(Date received local registrar) (Registrar's signature)

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

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

Fred Wilkerson

Licensed Embalmer No. *2478*

P. O. Address *Clinton, 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.