

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 17 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22603

State File No. 725

Registrar's No. 5960c

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Palls
(b) City or town Washer 7
(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 _____
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Palls co
(c) City or town Rural
(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 Dora B. County 532

3. (b) If veteran, name war _____ 8. (A) Social Security No. none

4. Sex Female 5. Color or race w. 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Charles County 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 17, 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business Home

12. Name Joseph Keithly

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

14. Maiden name Ann Thomas

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

16. (a) Informant Mrs. Margaret Brial

(b) Address St Louis, Mo.

17. (a) Brial (b) Date thereof June 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial St Paul Cemetery

18. (a) Signature of funeral director Cousin Wilkey
(b) Address Center, Mo.

19. (a) 6/6 (b) Wilkey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1940 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from _____
no medical attention
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound
in left side of

Due to bullet from 20 Caliber
rifle.

Other conditions (Include pregnancy within 3 months of death) 172

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence June 25, 1940

(c) Where did injury occur? R.F.D. Palls Co Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) (e) Means of injury Shot

23. Signature Clyde C. Wilkey
Address Center, Mo. Date signed 6/26/40

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

RECEIVED

District Health Officer No. 10

District File Number 7-40-1419

Date Filed JUL 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 Edgar B. Schlanker

Licensed Embalmer No. 4134

P. O. Address Montgomery City, Mo

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.