

MAILED AUG 3 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24998

Registration District No. 24

Primary Registration District No. 41#334

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Otterville  
(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 \_\_\_\_\_)

In this community 2 years years, months or days \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME James Franklin Needy

8. (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 America V. Needy 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 10 - 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

12. Name George Needy

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

14. Maiden name Elizabeth Orentoff

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

16. (a) Informant F. S. Needy

(b) Address Clifton City, Mo

17. (a) Burial (b) Date thereof 6-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Otterville, Mo

18. (a) Signature of funeral director F. F. Parker

(b) Address Otterville, Mo

19. (a) Ch 40 (b) Walter Fogler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Otterville  
(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 June day 7  
year 1940 hour 11 minute 50 PM

21. I hereby certify that I attended the deceased from May 10, 1940, to June 7, 1940;

that I last saw him alive on June 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Apoplexy  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Manner of death \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Smethport, Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-2-20

**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.....

*Myself*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lucius F. Parker*  
.....

Licensed Embalmer No. *3840*  
.....

P. O. Address *Otterville, 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.