

NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35152

Registration District No. 231 Primary Registration District No. 5315 Registrar's No.

1. PLACE OF DEATH:
(a) County Crawford Mo.
(b) City or town Cooksbluff Mo.
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution 20 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(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: Raymond Lucille Talbot
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Oct day 19th year 1940 hour minute M.
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 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 May 19 1928 (Month) (Day) (Year)

Immediate cause of death. Duration
Due to Frontal lobe abscess due to cranial injury
Due to December 1939
no physician in attendance.

8. AGE: Years 12 Months 5 Days — If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace St Louis County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation none

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?

MOTHER FATHER
11. Industry or business
12. Name Arthur L. Talbot
13. Birthplace Crawford County Mo. (City, town, or county) (State or foreign country)
14. Maiden name Pauline Marie Thompson
15. Birthplace Crawford County Mo. (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur L. Talbot
(b) Address Cooksbluff Mo.
17. (a) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Cory Cemetery Cooksbluff

(a) Accident, suicide, or homicide (specify) 1
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work in bed (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director T. J. Jones + Son
(b) Address Steelville Mo.
19. (a) 11-9-40 (b) [Signature] (Date received local registrar) (Registrar's signature)

23. Signature Harry M. Jonas (M. D. or other) Coroner
Address Steelville Mo. Date signed

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

RECEIVED

District Health Officer No. 5,

District File Number: 1146141

Date Filed: _____

Handwritten notes:
and
11/14/41

Handwritten:
11/4/41
99

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 _____

Handwritten signature: Harry M. Jones

Registered Apprentice No. 2628

working under my personal supervision.

Signed _____

Handwritten signature: Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steelville, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35152

Registration District No. 231

Primary Registration District No. 5315

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Union T.P.
(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 _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Beryl Lucille Talbert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 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 Months Days If less than one day
12 5 - _____ by _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Oct day 19 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
frontal lobe abscess
Due to cranial injury
Due to December 1939
no physician in attendance
W. M. D.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 7.8
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) _____
(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) (e) Means of injury _____

23. Signature Harry M. Jones (M. D. or other) Coroner
Address Stellville Mo. Date signed _____

SUPPLEMENTARY

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews with key personnel. Secondary data was obtained from internal company reports and industry publications.

The analysis of the data revealed several key trends and patterns. One significant finding was the increasing reliance on digital marketing channels over traditional media. This shift is attributed to the higher targeting capabilities and cost-effectiveness of digital advertising.

Another important observation was the impact of economic fluctuations on consumer behavior. During periods of economic uncertainty, consumers tend to prioritize value and quality over price. This insight is crucial for developing marketing strategies that resonate with the current market environment.

The document concludes by summarizing the key findings and providing recommendations for future research. It suggests that further exploration into the long-term effects of digital marketing and the role of social media in brand perception would be beneficial.