No. 2
-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42686

Registration District No. 378 Primary Registration District No. 0-0-32 Registrar's No. 84

1. PLACE OF DEATH:
(a) County Howard
(b) ~~City or town~~ S. [illegible] "Rural" [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Our home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Our home (Specify whether years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Howard,
(c) City or town Fayette, Mo.
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME ## Evertt Petty,
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex Male
5. Color or race Black
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 November 16th 1940 (Month) (Day) (Year)
8. AGE: Years # Months ... Days 24 If less than one day ... hr. ... min.
9. Birthplace Howard County, (City, town, or county) ... (State or foreign country)
10. Usual occupation 0
11. Industry or business 0
FATHER
12. Name Evertt Petty. 0
13. Birthplace Missouri, (City, town, or county) ... (State or foreign country)
MOTHER
14. Maiden name Cornelia Graves,
15. Birthplace Missouri, (City, town, or county) ... (State or foreign country)
16. (a) Informant Everlener Petty,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Woodland,
18. (a) Signature of funeral director Guy Talley. 341
(b) Address Fayette, Mo.
19. (a) 11-30-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1940 hour ... minute ... M.
21. I hereby certify that I attended the deceased from November 16, 1940 to November 26, 1940 that I last saw him alive on November 26, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: premature - starvation	
Due to: physic illness	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 13	

Major findings:
Of operations ...
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 M. P. Leech MD (M. D. or other)
Address Lee Hospital, Fayette Date signed 11-30-

(Licensed Embalmer's Statement on Reverse Side) Missouri

RECEIVED
District Health Officer No. 8,
District File Number 1-2-41
Date Filed

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

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