

No. 2
-13-40
17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3362**

Registration District No. **638**

Primary Registration District No. **3028**

Registrar's No. **7**

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

1. PLACE OF DEATH:
 (a) County **Madison**
 (b) City or town **Fredericktown Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
years, months or days

3. (a) PRINT FULL NAME **ROBERT-DERRELL-POLITE**

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

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **Aug 31 40**
(Month) (Day) (Year)

8. AGE: Years _____ Months **4** Days **12** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Harold Polite**

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

14. Maiden name **Martha Carlton**

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

16. (a) Informant **Harold C Polite**

(b) Address **Fredericktown Mo**

17. (a) **Burial** (b) Date thereof **Jan. 14-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Family Cemetery Mo**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Fredericktown Mo**

19. (a) **Jan 14-1941** (b) **B. C. Slaughter**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Madison**
 (c) City or town **Fredericktown**
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13** year **1941** hour **8** minute **24** P.M.

21. I hereby certify that I attended the deceased from **Jan 13** to **Jan 13**, 19**41**; that I last saw him alive on **Jan 13**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia**

Due to _____

Due to _____

Other conditions **1941**
(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) (e) Means of injury _____

23. Signature **B. E. Wigdon** (M. D. or other) **D**

Address **Fredericktown Mo.** Date signed **Jan 14-41**

Duration

89 min

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

was not embalmed

Registered Apprentice No.

working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No.

731

P. O. Address

Fredericktown

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.