

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

APR 9 1941

Registration District No. 1159

Primary Registration District No. 5349

Registrar's No. 9

1. PLACE OF DEATH

(a) County Iron, Co. Mo.
(b) City or town Graniteville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Iron Co.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs (Specify whether years, months or days)
In this community 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron
(c) City or town Graniteville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1941 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 3-12 1941 to 3-22 1941
that I last saw h/m alive on 3-20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to: Influenza
Due to: _____

Duration

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature F. W. Gale (M. D. or other) _____
Address Bismarck Mo Date signed 3/22/41

3. (a) PRINT FULL NAME

Perry C. Snow

3. (b) If veteran, name war none 3. (c) Social Security No. 76

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Snow 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct. 24 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Don't know 9

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

14. Maiden name Don't know

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

16. (a) Informant Mary Snow

(b) Address Graniteville, Mo.

17. (a) Burial (b) Date thereof March 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granton, Mo.

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge, Mo.

19. (a) April 7 1941 (b) Mrs. J. A. Lombard
(Date received local registrar) (Registrar's signature)

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

47
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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..... *E. J. Boyer*.....

Licensed Embalmer No..... *1671*.....

P. O. Address..... *Denise 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.