No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12196

State File No. .....

Registration District No. 799 Primary Registration District No. 4-4-79-6037 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Rural R F D #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cambridge Nor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether)
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R F D # 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Abner Page

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

4. Sex Male 0 5. Color or race White 6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed

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

7. Birth date of deceased April 2 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James W Page
13. Birthplace Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Gwinn
15. Birthplace Saline Co Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Hy Page
(b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation Slater City

18. (a) Signature of funeral director Jones & Salzer
(b) Address Slater Mo

19. (a) 3-13 (Date received local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day March year 1941 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov. 6, 1940 to Mar. 3, 1941 that I last saw him alive on Mar. 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Senility. 93 1/2

Due to

Due to

Other conditions Arthritis & Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature C. W. Caldwell (M. D. or other) 0
Address Slater Mo. Date signed 3-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 4-16-41
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 Herman Dalzell

Licensed Embalmer No. 1831

P. O. Address Slater 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.