

RIED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12430

State File No. _____

Registration District No. 949

Primary Registration District No. 6225

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Compton mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(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 Effie Leno Kountz

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex f

5. Color or race sw

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife pear

6. (c) Age of husband or wife if alive 67 years
(Month) (Day) (Year)

7. Birth date of deceased Sept 1 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business farm

12. Name J. W. Layton

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

14. Maiden name Samantha Layton

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

16. (a) Informant's own signature _____

(b) Address _____

17. (a) Rural (b) Date thereof 12 14 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chattanooga

18. (a) Signature of funeral director R. M. Barnes

(b) Address grove ave

19. (a) 3-1 48 (b) W. H. Howell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Wright

(c) City or town Compton
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12 year 1940 hour 11 minute 10 M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw him alive on Dec 12, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to Primum

Due to _____

Other conditions Diabetes
(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 no

(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 W. F. Schlicht (M. D. or other) _____
Address Chicago Date signed Jan 1 1941

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

RECEIVED

District Health Officer No. 6,

District File Number

441-649

Date Filed

APR 14 1941

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 with the above constitutes grounds for revocation of license.)

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