

FILED MAY 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15062

State File No. _____

Registration District No. 499

Primary Registration District No. 4302

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Eversonville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Cent Hosp. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 35 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 51
 (c) City or town Eversonville Mo.
 (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.

3. (a) PRINT FULL NAME DANIEL RIDDLE

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

4. Sex Male 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 July 21 1857
 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Don't Know

11. Industry or business _____

MOTHER FATHER { 12. Name Don't Know
 13. Birthplace Don't Know
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace Don't Know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____ (b) Address _____

17. (a) Burial (b) Date thereof 4/25/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Oliv Cemetery

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 4/25/41 (b) Geat. Clarkson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
 year 1941 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Called as Coroner Duration _____
His own house burned to

Due to the ground burning the

Due to body almost up. Size of

Other conditions Arms burnt off
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 150/1
 Of autopsy 3

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) Accident

(b) Date of occurrence 4/25/41

(c) Where did injury occur? Eversonville Linn Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
 While at work? _____ (Specify type of place) (e) Means of injury Coroner

23. Signature Dale Bunch (M.D. or other) _____
 Address Marceline Mo Date signed 4/25/41

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

I X 1311

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

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.