

No. 2
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17-39
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FILED MAY 9 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. 16055

Registration District No. 840 Primary Registration District No. 6102 4511 Registrar's No. 21

1. PLACE OF DEATH: Stoddard
(a) County: Stoddard Mo
(b) City or town: Puxico Mo
(c) Name of hospital or institution: 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: years, months or days

2. USUAL RESIDENCE OF DECEASED: 103
(a) State: Mo. (b) County: Stoddard Mo
(c) City or town: Puxico 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: Almus G. Damron
3. (b) If veteran, name war
3. (c) Social Security No. 497-013285

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Apr. day: 21st year: 1941 hour: 9:00 minute: 20 a.M.

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: March 24 1886 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1 to April 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronch. pneumonia
Duration: 2 weeks

8. AGE: Years: 54 Months: 10 Days: 27 If less than one day: hr. min.

Due to: Catarrhal meningitis 1 yr.

9. Birthplace: Vienna Ill (City, town, or county) (State or foreign country)

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

10. Usual occupation: Handle Mill operator

Major findings: Of operations: 478

11. Industry or business: Handle Mill operator

Of autopsy:

12. Name: James N Damron

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

14. Maiden name: Sidney A Ross

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

16. (a) Informant: Charley Damron (b) Address: Farmington Mo

17. (a) Burial (b) Date thereof: Apr 23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Puxico Mo
18. (a) Signature of funeral director: Floyd Morgan (b) Address: Puxico Mo
19. (a) 4-23-1941 (Date received local registrar) (b) Deanna Bryant (Registrar's signature)

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?
490 (Specify type of place)
While at work? (e) Means of injury:
23. Signature: F. H. Meherert (M. D. or other) (Date signed: 4/23/41)
Address: Puxico, Mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

5

RECEIVED

District Health Officer No. 2,

District File Number 54-529

Date Filed 8/8/41

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 Hayd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advance Inc

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.