

S. No. 2
-11-10-39
v. 5-17-39
X21492

FILLED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21257

Registration District No. 89

Primary Registration District No. 513412

Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County: Butler

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community: 30 years (years, months or days)

8. (a) PRINT FULL NAME: JOHN FREDRICK PIATT

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NO

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Ida Piatt

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: APRIL 15 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 8

If less than one day _____ hr. _____ min.

9. Birthplace: Gery Co. Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: _____

12. Name: Pete Piatt

13. Birthplace: Louisville Ky. 1
(City, town or county) (State or foreign country)

14. Maiden name: Martha Hughes

15. Birthplace: Butler Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: John Piatt

(b) Address: Gulinn, Mo.

17. (a) Burial (b) Date thereof: 6-19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gulinn Cemetery

18. (a) Signature of funeral director: Clayton Russell

(b) Address: Appott, Ark.

19. (a) 7/2/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Butler

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

(d) Street No.: 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18
year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1940, to June 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Due to: _____

Due to: 7/18

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

Major findings: ✓

Of operations: _____

Of autopsy: no

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): no

(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? no

While at work? no (Specify type of place) (e) Means of injury: _____

23. Signature: Loft Coyle (M. D. or other) 0
Address: Gulinn Mo Date signed: 6/30/41

RECEIVED

District Health Office No. 2,

District File Number 741-858

Date Filed 7/10/41

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 _____

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.