

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

318324

1. PLACE OF DEATH

Country Jackson Registration District No. 402  
Township Smith Bar Primary Registration District No. 4237  
City Oak Grove (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Albert Hicks George  
(Usual place of abode) Oak Grove Mo (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MO 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Emily)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 7 - 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. umberman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Mo

MOTHER FATHER 13. NAME Hiram J George

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson CO

17. INFORMANT (ADDRESS) Rachael George  
Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7-9-41

19. UNDERTAKER (ADDRESS) Wm B Webb & Sons  
Oak Grove Mo

20. FILED 7-15 Special Agent W. G. Cook  
Bureau of the Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1941

22. I HEREBY CERTIFY that I attended deceased from Apr 1 1941 to July 7 1941

I last saw him alive on July 7 1941. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Mitral insufficiency Date of onset 1940

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) W. G. Cook M. D.  
(Address) Oak Grove Mo

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.

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Embalmers no 2353

R B Webb

Outgrove mo