

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4024

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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
In this community 9 yrs / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton 006
(c) City or town Lamar /
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Frank Daul
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31st
year 1941 hour 1 minute 48 A.M.
21. I hereby certify that I attended the deceased from May 15
~~July 29~~ 1941 to July 31 1941
that I last saw him alive on July 29 1941
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amelia Daul
6. (c) Age of husband or wife if alive 75 years

Immediate cause of death
Malignancy of Stomach
Due to

7. Birth date of deceased July 8th, 1855
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death)
46
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
86 0 23 hr. min.
9. Birthplace New York City, N.Y.
(City, town, or county) (State or foreign country)

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?
While at work? (Specify type of place)
(e) Means of injury

10. Usual occupation Tile Setter
11. Industry or business
12. Name unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name unknown 6
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Carl Rose
(b) Address Lamar, MO.
17. (a) Burial (b) Date thereof 8-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery
18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.
19. (a) July 31-41 (b) Ms Josephine Mynatt
(Date received local registrar) (Registrar's signature)

Signature James A. Atkins (M. D. or other)
Address Lamar, MO Date signed 7/31/41

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

MOTHER FATHER

2
AUG 15 1941

RECEIVED

District Health Officer No. 6,

District File Number

841-1288

Date Filed

AUG 5 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.

3141

P. O. Address.....

Lamar Tr

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.