

BUREAU OF THE CENSUS
FILED AUG 29 1941

Registration District No. 229

Primary Registration District No. 5211

Registrar's No.

1. PLACE OF DEATH: CRAWFORD

(a) County: CRAWFORD

(b) City or town: BOURBON, (RURAL) Bourbon, Mo. (State Missouri)

(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 48 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Crawford 028

(c) City or town: Bourbon, (Rural) 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: ERWIN FENTON PAGE

8. (b) If veteran, name war: None

8. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 7 minute 30 P. M.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower 2

6. (b) Name of husband or wife: Nettie May Page.

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: April 27 1866 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to July 29 1941 that I last saw him alive on July 29 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 2 If less than one day hr. min.

Immediate cause of death: Myocarditis

9. Birthplace: Madison Co. New York (City, town, or county) (State or foreign country)

Due to: Long Standing Rheumatism

10. Usual occupation: Farming

Due to: 93rd

11. Industry or business: Farming

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

12. Name: James H. Page

18. Birthplace: N. Y. (City, town, or county) (State or foreign country)

14. Maiden name: Diantha P. Philips

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

Major findings: Of operations

Of autopsy

16. (a) Informant: Gladys Shults

(b) Address: Bourbon, Missouri.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (b) Date thereof: July 31, 1941 (Month) (Day) (Year)

(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?

(c) Place: burial or cremation: Bourbon

18. (a) Signature of funeral director: [Signature]

(b) Address: Bourbon, Missouri.

While at work? (Specify type of place)

(c) Means of injury

19. (a) [Signature] (b) C. W. Adams (Registrar's signature)

23. Signature: [Signature] (M. D. or other)

Address: Sullivan, Missouri Date signed

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

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Aug 6

RECEIVED

District Health Officer No. 5,

District File Number

8-911871

Date Filed

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

Edgar W. Laffoon

Licensed Embalmer No.

323/94

P. O. Address

Sullivan, Pa.

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.

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