

FILED SEP 30 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31446

Registration District No. 266

Primary Registration District No. 5378

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Deer  
(b) City or town Deer Rural - Walkers  
(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 X (Specify whether)

In this community all his life  
years, months or days

8. (a) PRINT FULL NAME Frank Southards

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 7  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 23 hr. \_\_\_\_\_ min.

9. Birthplace Deer Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name Frank Southards  
18. Birthplace St. Johns Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Alta Blakes  
15. Birthplace Deer Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Southards  
(b) Address Deer Mo

17. (a) burial (b) Date thereof Sept 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Herman

18. (a) Signature of funeral director X

(b) Address X

19. (a) 9-1-41 (b) A. E. Katter Mo.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Deer

(c) City or town Deer Rural  
(If outside city or town limits, write "RURAL") 53

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 31  
year 1941 hour 8 a m minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from aug 31, 1941, to \_\_\_\_\_, 1941;  
that I last saw him alive on aug 31, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Phlebotomy

Due to Food not suited

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1190

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Lulu Randall (M. D. or other) MD

Address Deer Mo Date signed \_\_\_\_\_

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 8-811955

Date Filed \_\_\_\_\_

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**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.**