

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39112

State File No. _____

FILED DEC 11 1941
District No. 678

Primary Registration District No. 5904

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town St James Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps Co
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 6
year 1941 hour 8:00 minute 00 M.

21. I hereby certify that I attended the deceased from Nov 2-41
1941 to Nov 6-1941
that I last saw her alive on Nov 6-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 4 days

Due to Indigestion
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Yes
33a

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) _____
(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 William St. Brum (M. D. or other) _____
Address St James Mo Date signed 11/6/41

3. (a) PRINT FULL NAME Laura E. Wheat

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Martin Wheat 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased 6-3-1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 3 If less than one day hr. _____ min.

9. Birthplace Cuba MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Furling

13. Birthplace Spain
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Thos H Mallock

(b) Address St James Mo

17. (a) Burial (b) Date thereof 11-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mallock Cem

18. (a) Signature of funeral director W E Richleder

(b) Address St James Mo

19. (a) 11-15-41 (b) Elaine B. Hawk
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

41

DEC 10 1949

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Orville L. Blair*

Licensed Embalmer No. *3944*

P. O. Address *St. James, Mo*

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.