

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39655

Registration District No. 828

Primary Registration District No. 4501

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Hunnswell - Jackson Township
(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 & location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Entire Life Time (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby ¹⁰²
(c) City or town Hunnswell ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ ⁰

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1941 hour 12:15 P minute _____ M.
21. I hereby certify that I attended the deceased from Nov 13
1941 to Nov 1941
that I last saw him alive on Nov 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 430

Major findings:
Of operations _____
Of autopsy _____

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 0

23. Signature R.P. Parker (M. D. or other)
Address Hunnswell Mo Date signed 11-16-41

3. (a) PRINT FULL NAME SINNA JOAN MURRAY

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

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

6. (b) Name of husband or wife Wend 6. (c) Age of husband or wife if alive Wend years _____

7. Birth date of deceased Nov 24 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Shelby Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation domestic

11. Industry or business _____

12. Name Pleasant Stanton Howe

13. Birthplace Marion Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Adelaine Newman

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

16. (a) Informant Mrs. W.E. Hopkins

(b) Address Hunnswell, Missouri

17. (a) Burial (b) Date thereof 11-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marion Chapel

18. (a) Signature of funeral director George Swan

(b) Address Hunnswell Mo

19. (a) 11-17-41 (b) Mrs Lyle Landrum
(Date received local registrar) (Registrar's signature)

750 (Licensed Embalmer's Statement on Reverse Side)

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

2
0
0

RECEIVED

District Health Officer No. 10

District File Number 12-41-2139

Date Filed DEC 10 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, ~~ME~~ ME

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Grover J. Givan

Licensed Embalmer No. 1754

P. O. Address Hannawell, Md.

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.