

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39737

State File No. _____

FILED DEC 10 1941
Registration District No. 2

Primary Registration District No. 6162

Registrar's No. 333

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Coral - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs - 9 mos - 1 day
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Casimir Czeri

8. (b) If veteran, name war Served in Swiss Army 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 4 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Wigan Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation State Mason & Gardener

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records, State Hos # 3
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 11/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp Cemetery

18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada, Mo.

19. (a) 11-26-41 (b) Allen H. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route 6, Box 287
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1941 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Feb. 20
1937, to Nov. 23, 1941;

that I last saw him alive on Nov. 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease Duration Years

Due to _____

Due to _____

Other conditions Chronic Interstitial Nephritis Years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1312 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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Respect. Votter (M. D. or other) M.D.

Address Nevada, Mo. Date signed Nov. 24, 41

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1991

Date Filed 12-8-41

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.