

S. No. 2  
1-4-41  
5-17-39  
P1 X28590

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41694

JAN 8 1942

Registration District No. 223

Primary Registration District No. 41-36-5314 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Cooper  
(b) Rural Clear Creek Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 91 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Rural 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Pilot Grove - Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HANNAH-FERKINS.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
year 1941 hour 3 minute 7 M.

21. I hereby certify that I attended the deceased from 12-6-1941 to 12-10-1941  
that I last saw h.c.r. alive on 12-9-1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Deceased  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb-2-1850  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 5 days

8. AGE: Years 91 Months 10 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Pilot Grove Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations 83a!  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business same

12. Name Frank Heanlech

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

14. Maiden name Caroline Premmeyer

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

16. (a) Informant Rose Messing

(b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof 12-12-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem.

18. (a) Signature of funeral director St. Mary's  
(b) Address Pilot Grove - Mo

19. (a) 12-12-41 (b) W. B. B. B. B.  
(Date received local registrar) (Registrar's signature)

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 J. O. Boley (M. D. or other) \_\_\_\_\_  
Address Pilot Grove Date signed 12-10-41

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-42.....

---

---

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

*Myself*

.....  
Registered Apprentice No.

working under my personal supervision.

Signed

*Raymond E. Hayes*

Licensed Embalmer No.

*3074*

P. O. Address

*Gilat Grove, 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.