

FILED JAN 22 1942
Registration District No. **3026**

Primary Registration District No. **3026**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
327 Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Unknown / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 327 Walnut
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 3 day
year 1942 hour 0 minute 45 P.M.

21. I hereby certify that I attended the deceased from
July 1, 1938 to Jan 3, 1942
that I last saw him alive on Jan 02, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus
Duration 5 years

Due to _____
Due to _____
Other conditions 61
(Include pregnancy within 3 months of death)

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

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed Jan 3-42

3. (a) PRINT FULL NAME Cyrus Lewis Mounts

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased March 15 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (probably Germany)
(City, town, or county) (State or foreign country)

10. Usual occupation C. B. & O. R. R.

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Orval Williams

(b) Address 317 Walnut St; Chillicothe, Mo.

17. (a) Removal (b) Date thereof 1-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hale, Missouri

18. (a) Signature of funeral director F. B. Norman Funera

(b) Address Chillicothe, Missouri

19. (a) JANUARY 4 (b) Lou Ella Curry
(Data received local registrar) (Registrar's signature)

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

59
1
2

059
2

MOTHER FATHER

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.....

Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed Elton F. Norman.....

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe, 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, fact should be so stated above.