

S. No. 2
4-1-4-41
7. 5-17-39
9-1 X2339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42785

JAN 7 1941

Registration District No. 712 Primary Registration District No. 4427 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Richland, Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
In this community 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pulaski
(c) City or town Richland, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1500
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME ABRAMAY DANLEY
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 14
year 1941 hour 10 minute 00 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
7. Birth date of deceased: May 20 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-20 1940 to 12-14 1941
that I last saw him alive on 12-14 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 6 Days 24
If less than one day hr. min.

Immediate cause of death Stenocardia right side
Due to _____
Due to _____

9. Birthplace Mattoon, Ill.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) g3d

10. Usual occupation Housewife
11. Industry or business _____
12. Name Elizabeth Ventree
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hawk
(City, town, or county) (State or foreign country)
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Jean Payne
(b) Address Richland
17. (a) Burial (b) Date thereof 12-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Humanville, Mo.
18. (a) Signature of funeral director R.B. Jupp
(b) Address Richland, Mo.
19. (a) Dec-16-1941 (b) Cecil A. Oliver
(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 _____
23. Signature R.B. Jupp M.D.
Address Richland, Mo. Date signed 12/16/41

640 (Licensed Embalmer's Statement on Reverse Side)

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

5
0
0

RECEIVED .

Pulaski County Health Officer

File Number 142-82

Date Filed 1-5-47

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.....

R. B. Super

Licensed Embalmer No.....

3198

P. O. Address.....

Richland

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.