

No. 2
1-4-41
-17-39
X26330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5905

FILED MAR 11 1942

State File No.

Registration District No. 55

Primary Registration District No. 1001

Registrar's No. 200

1. PLACE OF DEATH:

(a) County. BUCHANAN
(b) City or town. ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Hours
(Specify whether years, months or days)
In this community. 5 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Buchanan
(c) City or town. Union Star Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GARY CLINTON ARMFIELD

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. None

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. Infant

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 23 years (Day) (Year)

7. Birth date of deceased. Feb. 23 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 3 hr. min.

9. Birthplace Andrew County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. None

11. Industry or business.

12. Name. Kenneth E. Armfield

13. Birthplace. Andrew County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name. Neomi P. Ledy

15. Birthplace. Andrew County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. Kenneth E. Armfield

(b) Address. Union Star, Mo.

17. (a) Burial (b) Date thereof. 2-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Burial Union Star

18. (a) Signature of funeral director. Walter H. Wilson

(b) Address. Union Star, Mo.

19. (a) 2/26/42 (b) A. J. Matlock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day February
year 1942 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to Feb 26 1942
that I last saw him alive on Feb 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Hemorrhage from Penis following
Due to circumcision Duration 5 hrs

Due to

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

Major findings: 1958
Of operations.
Of autopsy. 99
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 1 (Specify type of place) (e) Means of injury.

23. Signature. W. Roy Moore (M. D. or other) MD

Address. St Joseph Mo Date signed 2/26/42

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

785

68

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 Quella M. Wilson
By Mr. R. E. Rockwood, Union Star, Mo.
Licensed Embalmer No.....

P. O. Address King City, 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.