

U. S. No. 2
-11-17
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11554

State File No. _____

FILED APR 13 1942
253

Registration District No. _____

Primary Registration District No. 5864

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Hayti
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17-9-27 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Peru
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME O.B. Weir

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased 5 7 - 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>9</u>	<u>27</u>	hr. _____ min.

9. Birthplace Hayti MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Jama Weir
13. Birthplace Srenada Miss!
14. Maiden name Earthridge Hardy
15. Birthplace Srenada Miss!

16. (a) Informant Jama Weir
(b) Address Hayti - MO

17. (a) Burial (b) Date thereof 3 4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti - MO

18. (a) Signature of funeral director Smith & Hill
(b) Address Hayti - MO

19. (a) 3-31-42 (b) Ms. Gail McCloskey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 1:25 minute 2 M.

21. I hereby certify that I attended the deceased from Feb-28
1942 to March 4, 1942
that I last saw him alive on March 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 14 days

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1

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?

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

23. Signature A.H. Shroy (M. D. or other) _____
Address Hayti, Mo. Date signed 3-4-42

217 (Licensed Embalmer's Statement on Reverse Side)

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

4-42-22

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 115-54

Registration District No. 65-24

Primary Registration District No. 5864

Registrar's No.

1. PLACE OF DEATH: *Pemiscot*

(a) County.....

(b) City or town..... *Rural no city*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... *MO.* (b) County..... *Pemiscot*

(c) City or town..... *Hayti, Mo.*
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME *O. B. Weir*

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

4. Sex *M* 5. Color or race *B* 6. (a) Single, widowed, married, divorced *Widowed*

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years *1* Months *9* Days *17* If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name..... *James Weir*

13. Birthplace..... (City, town, or county) (State or foreign country) *Miss-*

14. Maiden name.....

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

16. (a) Informant..... *James Weir*
(b) Address..... *Hayti, Mo.*

17. (a) *Hayti, Mo.* (b) Date thereof..... *March 4, 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... *Hayti, Mo.*

18. (a) Signature of funeral director..... *Frank Dreyfus*
(b) Address..... *Hayti, Mo.*

19. (a) *5-11-42* (b) *Mo. O. B. Shirey*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... *March* day..... *4*
year..... *1942* hour..... minute..... *2:50 a.m.*

21. I hereby certify that I attended the deceased from.....
February 19, 1942 to March 4, 1942
that I last saw him..... *March 3, 1942*
and that death occurred on the date and hour stated above.
Duration.....

Immediate cause of death.....
Stomach cancer

Due to.....
Stomach cancer

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) *13 ft*

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?
(Specify type of place) (c) Means of injury.....

23. Signature..... *affling* (M. D. or other).....

Address..... *Hayti, Mo.* Date signed..... *2-11-42*

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

SUPPLEMENTARY

11554

1

20