V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 17, 1942

State File No. 11723

Registration District No. 718 Primary Registration District No. 6430 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville Twn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway in City (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 Putnam 86

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. Powersville R4D (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Herbert Stanton Torrey

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 M

6. (b) Name of husband or wife Violet

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Sept (Month) 10 (Day) 1869 (Year)

8. AGE: Years 72 Months 5 Days 28 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Samuel S. Torrey
13. Birthplace (City, town, or county) Mass (State or foreign country)

MOTHER
14. Maiden name Rosina Putnam
15. Birthplace (City, town, or county) Mass (State or foreign country)

16. (a) Informant Violet Torrey

(b) Address Powersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation St John Am.

18. (a) Signature of funeral director F. O. Hurstel & Son

(b) Address Unionville Mo

19. (a) Mar 23-1942 (Date received local registrar) (b) [signature] (Registrar's signature)

1899

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 19, 1940 to March 9, 1942 that I last saw him alive on March 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary Stasis

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

111c

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)

While at work? (e) Means of injury

23. Signature L. W. McDonald (M. D. or other) DO

Address Powersville, Mo Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-16-836
Date Filed APR 16 1942

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 Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville 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.