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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12944

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3804

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

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2248 Jules Ave. (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) 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ~~St. Louis~~

(c) City or town St Louis (If outside city or town limits, write "RURAL") 23100

(d) Street No. 2248 Jules Ave (If rural, give location) 17 9

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

If yes, name country

3. (a) PRINT FULL NAME Naaman J. Partney

3. (b) If veteran, name war No —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced /

6. (b) Name of husband or wife Etta J. Lewis

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. (Month) 8 (Day) 1867 (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	3	18	hr. ..... min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Lewis Partney
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thresa Reynolds
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Etta J. Partney
(b) Address 2248 Jules ave - St. Louis, Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof Apr. 28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery Desoto Mo

18. (a) Signature of funeral director Lee Mothershead
(b) Address Desoto Missouri

19. (a) APR 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 10, 1942 to 4/26/42, 19....; that I last saw him alive on 4/25/42, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Rectum	18 Mo
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm Dunko (M. D. or [illegible])
Address 3450 Grand Ave Date signed 4/27/42

(Licensed Embalmer's Statement on Reverse Side)

3804

3804

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 J. Lee Motherhead

Licensed Embalmer No. 3531

P. O. Address DeSoto, 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.