

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 22 1942

Registration District No. _____

Primary Registration District No. 11091

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carter
(b) City or town FREMONT
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carter
(c) City or town FREMONT
(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. 0 years.

3. (a) PRINT FULL NAME HARVEY HANFORD PABBIA

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife MARtha ELLen COlyott 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec 29 1860
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Alley

(b) Address Fremont Mo.

17. (a) Burial (b) Date thereof 5-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fremont Cemetery

18. (a) Signature of funeral director Frank J. Kucinski

(b) Address Van Buren Mo.

19. (a) May 19 (b) Mr. A. J. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from Apr 20 to May 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease
myocardial
Due to insufficiency

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature Frank J. Kucinski (M. D. or other) D.O.
Address Van Buren Date signed 5-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAY 1938

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

~~842785~~ 842641
8-20-42

AUG 22 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 5-19-42

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

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. 26905

Registration District No. 58 Primary Registration District No. 4091 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Carter
 (b) City or town Fremont
(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 _____ (b) County _____
 (c) City or town _____
(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 Hauser H. Pulliam
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19
 year 1942 hour _____ minute _____ M.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w
 6. (b) Name of husband or wife Maude 6. (c) Age of husband or wife if alive 29 years
 7. Birth date of deceased Dec 29 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw him/her alive on _____ 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 4 Days _____
(If less than one day _____ min.)

Immediate cause of death Bright's Disease (Chronic) major arterial Duration _____
 Due to _____
 Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)
 1318

10. Usual occupation _____
 11. Industry or business _____

PHYSICIAN
 Major findings: _____
 Of operations no autopsy
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address _____

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? _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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

18. (a) Signature of funeral director _____
 (b) Address _____

23. Signature Frank Purushin (M.D. or other) DO
 Address Van Buren Date signed 9-28-42

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

SUPPLEMENTARY

