

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 21 1944
Registration District No. 364

Primary Registration District No. 6237

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Waverly Rural
(b) City or town Wright City Hickory Run
(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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Horace Sydney

3. (b) If veteran, name war _____ 3. (c) Social Security No. 098-05-1120

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 15 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 1 27 hr. min.

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

10. Usual occupation Rabber

11. Industry or business _____

MOTHER FATHER { 12. Name Queen Sydney

13. Birthplace Proy Mo O.
(City, town, or county) (State or foreign country)

14. Maiden name Frances French

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

16. (a) Informant Queen Sydney

(b) Address Wright City Mo

17. (a) Burial (b) Date thereof Feb 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Mo

18. (a) Signature of funeral director P. P. Peterson

(b) Address Wentzville Mo

19. (a) 2-20-43 (b) Julius Nieburg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1943 hour _____ minute 40 M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Feb 11 1943 that I last saw him alive on Feb 11 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
6 presumptions of the lung

Due to _____

Due to _____

Other conditions ✓ (Include pregnancy within 3 months of death) 12 ft

Major findings: ✓
Of operations _____

Of autopsy ✓

Duration

Post
the

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 John R. Dyer (M. D. or other)

Address Warrenton Mo Date signed 2/13/43

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

169

143

MAR 17 1943

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 *P. E. Peterson*

Licensed Embalmer No. 2711

P. O. Address *Wentzville, 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.