

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 17 1943

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 27

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mexico General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 minutes
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Rual
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Molino
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant of James & Murtle Levisay

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month 11 day 4
year 42 hour 8 minute A M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from 8:00 AM to 8:10 AM 1942

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

that I last saw alive on..... 19..... and that death occurred on the date and hour stated above.

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

Immediate cause of death
Asphyxia
Andrena

8. AGE: Years Months Days If less than one day hr. 10 min.

Due to.....

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

Due to.....

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) 161a

11. Industry or business

Major findings: Of operations.....

12. Name James Clyde Levisay

Of autopsy.....

13. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Myrtle Newbrough

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify).....

16. (a) Informant James C. Levisay

(b) Date of occurrence.....

(b) Address Molino, Missouri

(c) Where did injury occur?..... (City or town) (County) (State)

17. (a) Burial (b) Date thereof Nov. 4, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

(c) Place: burial or cremation Cedar Grove, Monroe County

While at work?..... (Specify type of place) (c) Means of injury.....

18. (a) Signature of funeral director J. E. Pratt

23. Signatur R. W. Van... D. or other

(b) Address Mexico, Mo.

Address Molino, Mo. Date signed 11-4-42

19. (a) 11-4-1942 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1074

RECEIVED
District Health Officer No. 10
District File Number.....
Date Filed.....

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.....

Tal E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.