

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10702
State File No. _____
Registrar's No. 22

Registration District No. 172 Primary Registration District No. 3034

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville.
(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 all his life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

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

(d) Street No. West 20th (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jefferson Davis Santmyer

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION
March 10th

20. DATE OF DEATH: Month March day 10th
year 1943 hour 5 minute 20 A.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Maggie Flemming Santmyer

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

7. Birth date of deceased August 10 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1943 to Mar 8 1943; that I last saw him alive on Mar 8 1943; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>0</u>	hr. _____ min. _____

Immediate cause of death Chronic Myocarditis

Duration _____

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

10. Usual occupation Retired

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Jacob Santmyer

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Harriette Kidwell

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maggie Santmyer
Higginsville, Mo.

(b) Address _____

17. (a) Burial (b) Date thereof 3-12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

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? _____

18. (a) Signature of funeral director Edmond H. Hader
Higginsville, Mo.

(b) Address _____

19. (a) 3-12-1943 (b) Dr. W. A. Brecklein
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. M. Moore (M. D. or other) _____
Address Higginsville, Mo. Date signed 3-13-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-5-43

STATEMENT BY LICENSED EMBALMER

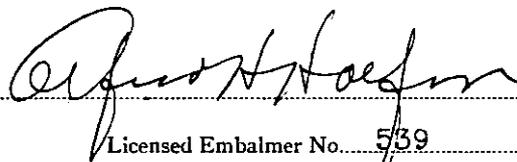
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Forrest A. Hoefer

Registered Apprentice No. 336

working under my personal supervision.

Signed.....



Licensed Embalmer No. 539

P. O. Address Figginsville 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.