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No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 58

ED SEP 7 1943
Registration District No. 43

Primary Registration District No. 4232

46
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hawell

(b) City or town Willow Springs, Mo.
(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 one year (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Hawell

(c) City or town Hutton Valley
(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 LEO PETERS

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 1943 hour 9:00 minute 4 M.

21. I hereby certify that I attended the deceased from 8-3
1943 to 8-3-1943
that I last saw him alive on 8-3-43, 19____
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife ESTHER RICKLEY 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Mar. 2, 1884
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 2 days

8. AGE: Years 59 Months 5 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know

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

14. Maiden name _____

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

Due to _____

Due to _____

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

Major findings: Of operations gpa

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Esther Peters

(b) Address Mt. View, Mo. Rt. I

17. (a) Burial (b) Date thereof 8/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutton Valley Cemetery

18. (a) Signature of funeral director J.C. Burns

(b) Address Willow Springs, Mo.

19. (a) Aug. 6-43 (b) Shuttle Ferguson
(Date received local registrar) (Registrar's signature)

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 C. P. Callahan (M. D. or other) _____

Address Willow Springs, Mo. Date signed 8/6/43

345

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5
District File Number 943517
Date Filed 9-3-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Don Burns Jr
Licensed Embalmer No. 4214
P. O. Address Willow Springs

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.