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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 12 1943

Registration District No. 47

Primary Registration District No. 5168

Registrar's No. 352

1. PLACE OF DEATH:

(a) County Galloway, Mo.

(b) City or town 4 Miles E. Kingdon City

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County 999

(c) City or town Chester 97

(If outside city or town limits, write "RURAL")

(d) Street No. 227 E. Roland Rd.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country Pa.

3. (a) PRINT FULL NAME PACK, John Jr.

3. (b) If veteran, name war U.S. Navy Reserve

3. (c) Social Security No. 405 01 64

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 25th, year 1943, hour 4-25 minute Am

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him in dead state on October - 25th and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single (b) Name of husband or wife Mary H Pack

6. (c) Age of husband or wife if alive 20 years (Year) 1923

7. Birth date of deceased Sept 20 (Month) (Day) (Year)

Immediate cause of death from collision with stock truck, and the Chevrola auto, in which he was riding - crushing the skull and almost severing the left arm and other injuries instant death - about 4 miles E. Kingdon city, on Highway - No-40

Other conditions pregnancy within months of death

Callaway, Mo.

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

22 1 5 - hr. - min.

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

10. Usual occupation U.S. Naval Reserve

11. Industry or business

12. Name John Pack, Sr.

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

14. Maiden name

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

16. (a) Informant D. R. of U.S.N.R.

(b) Address Copy to Bureau Naval Personnel

17. (a) Removal (b) Date thereof Oct 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Chester Pa.

18. (a) Signature of funeral director Glen H. Mansfield

(b) Address Fulton, Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 170C 16

Of autopsy 22

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

(a) Accident, suicide, or homicide (specify) 114

(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?

23. Signature J. W. Holmstedt (M. D. or other) surgeon

Address 8-E-8th St. Fulton, Mo. Date signed 10-25-43

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

NOV 30 1943

JUN 30 1944

NOV 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 Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, M.

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.

Per Hughes Maupin # 23

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

John Puck Jr.

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 m

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

7. Birth date of deceased Sept. 20
(Month) (Day) (Year)

8. AGE: Years 22 Months 1 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-26-1943 (b) Joie M. M... ..
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1943 hour _____ minute _____ M.

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

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

1370 82 ADP

34341