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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 210

Primary Registration District No. 5773

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Merger

(b) City or town Stavanne
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: L. M. ...
(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 (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Merger

(c) City or town Rural Stavanne
(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 Ben Morin

3. (b) If veteran, name war L

3. (c) Social Security No. 491-24-6251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 11/25-43
1 19... to 11/25 1943

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Alga morin

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Aug 6 1893
(Month) (Day) (Year)

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

Immediate cause of death diabetic coma

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

50 3 19 hr. _____ min.

Due to _____

Due to diabetic melitus

Other conditions diabetic coma
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

Major findings Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Al Morin

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

14. Maiden name Cox

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

16. (a) Informant Alga morin

(b) Address Princeton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director New Mass

(b) Address Princeton Mo

19. (a) 11-9-43 (Date received local registrar) (b) Jesse Allen (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) (c) Means of injury _____

23. Signa J. M. Perry (M. D.)
Address Princeton Mo Date signed 11/26/43

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

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

Signed Neil Moss

Licensed Embalmer No. 2634

P. O. Address Summit 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.