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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 MAR 9 1949
 Registration District No. 268

Primary Registration District No. 570-6-4916

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Remus
 (b) City or town Wardell Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (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
 In this community 7 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Remus
 (c) City or town Wardell Mo
 (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 Larry Allen DeFoe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
 year 1949 hour 12:00 minute 8 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 27 1943
 (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 death due to causes unknown Duration _____

8. AGE: Years Months Days If less than one day
6 27 _____ hr. _____ min.

Due to _____
 Due to 200

9. Birthplace Wardell Remus, Mo (Civ. town, or county) (State or foreign country)
 10. Usual occupation Child

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Hollis De Foe
 13. Birthplace Ark. (City, town, or county) (State or foreign country)
 14. Maiden name Myrtle Semmes
 15. Birthplace Sublet Mo (City, town, or county) (State or foreign country)
 16. (a) Informant Geo. Semmes
 (b) Address Wardell, Mo

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Wardell, Mo (Month) (Day) (Year)
 (c) Place: burial or cremation Funeral Home
 18. (a) Signature of funeral director Wardell, Mo
 (b) Address Cathayville Mo
 19. (a) 2-22-49 (Date received local registrar) (b) J. J. Cray (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 3

23. Signature July D. Moore (M. D. or D. O.)
 Address Wardell, Mo Date signed 2/22/49

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

2-44-30

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

Walter C Hawbira

Licensed Embalmer No.

2002

P. O. Address

Hennett 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.