V. S. No. 2
0M—1-4-41
Rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24019

Registration District No. 11 Primary Registration District No. 5039 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Rurdy (Rural) Butterfield Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 6 Miles South, East of Rurdy.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barry
(c) City or town Rurdy (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles South East of Rurdy.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant.
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 —
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day 2 hr. 15 min.
9. Birthplace Barry Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
MOTHER FATHER
12. Name Brit Owens.
13. Birthplace Barry (City, town, or county) Mo. (State or foreign country)
14. Maiden name Laura Buchanan.
15. Birthplace Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Brit Owens.
(b) Address Rurdy Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Arnhardt.
18. (a) Signature of funeral director Blankenships.
(b) Address Monett & Purdy
19. (a) APR 24 1944 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1944 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from April 9, 1944, to apr 19 1944 that I last saw him alive on apr 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
1 mo baby — 1 day
Due to (Premature)
Due to
Other conditions (Include pregnancy within 3 months of death) 159

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. D. Baldwin (M. D. or other)
Address Purdy, Mo Date signed 4-20-44

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 744-859
Date Filed JUL 25 1944

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.