

FILED OCT 13 1944

Registration District No. 114

Primary Registration District No. 5432

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Sullivan, (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Meramec
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community 38 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
 (c) City or town Sullivan, (Rural) 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6th
 year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8-29, 1944, to 8-31, 1944,
 that I last saw him alive on 8-31, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
Chronic Myocarditis
 Due to _____
 Due to _____

Duration

Other conditions
 (include pregnancy within 5 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 Dr.

23. Signature Dr. L. R. Barnes (M. D. or other) Dr.
 Address Sullivan Mo Date signed 9-7-44

3. (a) PRINT FULL NAME Archie Ross Record

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy Record 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 15, 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Washington Co., Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Thos. Record

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

14. Maiden name Millie Pinson

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

16. (a) Informant Mrs. Nancy Record

(b) Address Sullivan, Missouri

17. (a) Burial (b) Date thereof Sep 10, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Thos. V. Stoffer

(b) Address Sullivan, Missouri

19. (a) 9-8-44 (b) Gilbert J. Gilbert
 (Date received local registrar) (Registrar's signature)

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

600

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-12-44

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 Edgar W. Laffoon
Licensed Embalmer No. 13394
P. O. Address Sullivan 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, above space should be left blank.