

No. 2
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X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41593

Registration District No. 206

Primary Registration District No. 6752

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Bural (2 mi) twp
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison ⁶²

(c) City or town Bural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Twelve mile twp
(If rural, give location)

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Raymond Cleary Settle

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th year 1944 hour 11 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec 13 1944 to Dec 19 1944

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased Dec 13 1944
(Month) (Day) (Year)

Immediate cause of death Atelctasis
Cause unknown

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

161a

Duration From time of birth to time of death

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

0 0 6 hr. min.

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

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Elmer Settle

13. Birthplace Mo ⁰
(City, town, or county) (State or foreign country)

14. Maiden name Stella Hanson

15. Birthplace Mo ⁰
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Settle

(b) Address Quinn Mo

17. (a) Bural (b) Date thereof 12/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Settle cemetery

18. (a) Signature of funeral director Walter Holt ^{9. H.}

(b) Address Fredericktown Mo

19. (a) Dec 20 - 1944 (b) S. C. S. Laughton
(Date received local register) (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 0

23. Signature W. Harry Barrone (M. D. or other) _____
Address Fredericktown Mo Date signed 12/20/44

487970 A. S. Edwards (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 145-24

Date Filed 1-6-45

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.

*Not Embalmed
Jan 1st 1945
J. H. Johnson
4264*