

S. No. 2
OM-5-42
ev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17334**

FILED JUN 11 1945
Registration District No. **383**

Primary Registration District No. **3037**

Registrar's No. **62**

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

1. PLACE OF DEATH: Lawrence

(a) County: Lawrence

(b) City or town: Mr. Vernon Mo

(c) Name of hospital or institution: X

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: X

In this community X years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: Lawrence

(a) State: Missouri (b) County: Lawrence

(c) City or town: Mr. Vernon Mo

(d) Street No. X

(e) Citizen of foreign country? X

If yes, name country: X

3. (a) PRINT FULL NAME: Charles Schoover

3. (b) If veteran, name war: X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1945 hour 2:30 minute 30 P. M.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Susan

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: June 24 1860

21. I hereby certify that I attended the deceased from Feb 27 1945 to May 6 1945 that I last saw him alive on May 6 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>12</u>	hr. min.

Immediate cause of death: Chronic Nephritis

Due to: Chronic Nephritis

9. Birthplace: Hardinsburg Ind

10. Usual occupation: Retired Farmer & Auctioneer

Due to: Chronic Nephritis

Other conditions: None

Major findings: P. A. Holmes

11. Industry or business: Farm Sales

12. Name: William Schoover

13. Birthplace: Hardinsburg Ind

14. Maiden name: Margaret Eda Ellis

15. Birthplace: Hardinsburg Ind

Of autopsy: PA Holmes

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. E. H. Alexander

(b) Address: Mr. Vernon Mo

17. (a) Removal (b) Date thereof: May 6 1945

(c) Place: burial or cremation: Hardinsburg Ind

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? Home

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Geo. Barr

(b) Address: Mr. Vernon Mo

19. (a) 5/6/45 (b) PA Holmes

While at work? PA Holmes

23. Signature: PA Holmes (M. D. or other)

Address: Mr. Vernon Mo Date signed: 5-15-45

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 64-5-668

Date Filed JUN 8 1945

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..... Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address..... Mr. Vernon, Inc.

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.