

S. No. 2
M-5-42
v. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6758

State File No.

FILED MAR 11 1947

318

Primary Registration District No.

1003

Registrar's No.

1906

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town.....
 (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town..... (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.....
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... A. M.

4. Sex..... 5. Color or race.....
 6. (b) Name of husband or wife.....
 7. Birth date of deceased..... (Month)..... (Day)..... (Year)

21. I hereby certify that I attended the deceased from.....
 that I last saw him alive on..... and that death occurred on the date and hour stated above.

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

Immediate cause of death.....
 Due to.....

9. Birthplace..... (City, town, or county)..... (State or foreign country).....
 10. Usual occupation.....

Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

MOTHER FATHER {
 11. Industry or business.....
 12. Name.....
 13. Birthplace..... (City, town, or county)..... (State or foreign country).....
 14. Maiden name.....
 15. Birthplace..... (City, town, or county)..... (State or foreign country).....

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

16. (a) Informant.....
 (b) Address.....
 17. (a) Burial..... (b) Date thereof..... (Month)..... (Day)..... (Year)
 (c) Place: burial or cremation.....
 18. (a) Signature of funeral director.....
 (b) Address.....
 19. (a) Date received local registrar..... (b) 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?..... (Specify type of place)..... (e) Means of injury.....
 23. Signature..... (M. D. or other).....
 Address..... Date signed.....

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.....

Per Campbell
Licensed Embalmer No. *3880*

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.