S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16085

Registration District No. 325 Primary Registration District No. 6488 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98
(c) City or town Greenton 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 4 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Claude M. Talbert

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Elfa P. Gregory

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 22 (Day) 1888 (Year)

8. AGE: Years 58 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Luther D. Talbert
13. Birthplace Schuyler Co., (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Almeda Hatfield
15. Birthplace Davis Co., (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Elfa Talbert
(b) Address Greentop, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ 2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Fugate Cemetery

18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Mo.

19. (a) Apr. 19/47 (Date received local registrar) (b) Mrs. Arlie Drake (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 31 year 1947 hour 6:00 minute A: M.

21. I hereby certify that I attended the deceased from was called when he was found hanged.
that I last saw h alive on 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broken Neck

Due to Hanging him self. in Bee Cloth

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

16 4 P

Duration

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) Suicide
(b) Date of occurrence March 31, 1947
(c) Where did injury occur? Greentop (City or town) Schuyler Co. (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Farm - 2 Stock Barn (Specify type of place)
While at work? (e) Means of injury 3

23. Signature [illegible] Coroner (M.D. or other)
Address Greentop, Mo. Date signed 4-8-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
Death File Number 4-47-690
Date Filed APR 21 1947

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. Dee Riley

Licensed Embalmer No. 4141

P. O. Address. Kirksville 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.