

FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1652

Registration District No. 34

Primary Registration District No. 6239

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Harry

(b) City or town Exeter *with Rural*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: V.I.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 10 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Exeter - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. East of Exeter - 11  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Ransom Hadlock

8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1941 hour 4 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 18, 1941, to Jan 21, 1941;  
that I last saw him alive on Jan 21, 1941;  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Sheila 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 19 1852  
(Month) (Day) (Year)

Immediate cause of death Nephritis chronic enlarged and Inflamed Prostate gland

Due to gland

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 88 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pineroy MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

MOTHER FATHER

11. Industry or business Retired

12. Name Charles Hadlock

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

14. Maiden name Susan Myers

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

16. (a) Informant's own signature Charles Hadlock  
(b) Address Exeter, Mo

17. (a) Burial (b) Date thereof 1-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood

18. (a) Signature of funeral director Sam Blankenship  
(b) Address Exeter, Mo.

19. (a) Jan 27 1941 (b) Mrs. H. P. Seary  
(Date received local registrar) (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? 33  
(Specify type of place) \_\_\_\_\_

23. Signature Glenn H. Salyer (M. D. or other) 1  
Address Cassville, Mo Date signed 1/24/41

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 81

District File No. 141-248

Date Filed FEB 8 1941

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**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.....

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, above space should be left blank.**