

NOV 27 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

37004

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ray Registration District No. 740  
(b) Township Crooked Run Primary Registration District No. 44  
(c) City Hardin or (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Rosa Belle Demint  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Steve Demint</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-3-1875</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation. <u>all her life</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Lilienty</u> (STATE OR COUNTRY) <u>Clay Co</u>		
FATHER	13. NAME <u>William Thomas Mullikin</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Mary E Condron</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Chillicothe</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs Seila Bingham</u> (ADDRESS) <u>Stannan City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hardin Cem</u> DATE <u>Oct-14-1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Jno W. Knipschild</u> (ADDRESS) <u>Hardin Mo</u>		
20. FILED <u>Oct. 14</u> 1939 <u>H. T. Willeford</u> County Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Med 1 1939 to Oct 12 1939  
I last saw her alive on Oct 12 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Left Breast Date of onset 1 yr ago  
50

Other contributory causes of importance:  
Carcinoma

Name of operation Breast Removed Date of 6-17-1939  
What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Maurin Grimes \_\_\_\_\_, M. D.  
(Address) Hardin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

RECEIVED  
DISTRICT HEALTH COMMISSION NO. 61  
11/24/39

**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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed John W. Knipschilt

Licensed Embalmer No. 2789

P. O. Address Nardin 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, above space should be left blank.