DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43141

Registration District No. 213 | Primary Registration District No. 3014 | Registrar's No. 294

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo (b) County

(c) City or town Bonnots Mills
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Party 630

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

6. (b) Name of husband or wife Victor Party | 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August 29, 1868 (Month) (Day) (Year)

8. AGE: Years 71 | Months 3 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Bonnots Mill, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife 0

11. Industry or business 0

FATHER
12. Name Luciene Boillot 0
13. Birthplace Osage County Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace Osage County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dean Party
(b) Address Bonnots Mill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18,1939 (Month) (Day) (Year)
(c) Place: burial or cremation Bonnots Mill, Mo.

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn, Mo.

19. (a) 12/16/39 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1939 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from December 3rd, 1939, to Dec. 14, 1939; that I last saw her alive on December 14, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Rt Lobar	
Due to Pleural Effusion, Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

Major findings: Of operations None aspiration of chest.
Of autopsy none no autopsy

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) NO
(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)
While at work? (e) Means of injury

23. Signature W. W. Rambo (M. D. ~~or other~~) 1
Address 234 Madison Jefferson City, Mo. Date signed 12/16/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Vernon M. Morton, Registered Apprentice No. 165 working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.