

FILED APR 8 1941
10088

Registration District No.

Primary Registration District No.

5057

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Newport Prop (Rural)
(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 2
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town (Rural) Newport Prop
(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 Bessie Lane McSully
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 Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 16 - 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Near Newport Prop
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James F. McSully
13. Birthplace Warren Co Prop
(City, town, or county) (State or foreign country)
14. Maiden name Sara Hayward
15. Birthplace Dade Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Sara McSully
(b) Address Kanawha, Mo
17. (a) Burial (b) Date thereof 3-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newport Prop

18. (a) Signature of funeral director Ruber Ferguson
(b) Address Kanawha, Mo
19. (a) 3-13-1940 (b) Mrs Wilma Hagins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1940 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 5 - 1940
March 9 1940, to March 9 1940;
that I last saw her alive on March 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration 8 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically

Major findings: Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. M. Brooks (M. D. or other) _____
Address Golden City Mo Date signed 3-9-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 Officer No. 6,

District File Number 4140-955

Date Filed APR 5 1940

1072

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10087
Registrar's No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 1008

Primary Registration District No. 3027

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

1. PLACE OF DEATH:

(a) County Barton
(b) City or town new past, mo
(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 _____
In this community _____ (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) If foreign born, how long in U.S.A.? _____ years.

3. (a) PRINT FULL NAME Bonnie Lou McCrallery

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation _____

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)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 329-40 (b) J.M. Brody
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 9
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to Influenza

Due to _____
Other conditions (Include pregnancy within 3 months of death) HN

Major findings: Of operations _____
Of autopsy _____

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) _____

(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.M. Brody (M. D. or other)

Address Baldwin City Mo

SUPPLEMENTARY

S-10087 1940