S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14757

Registration District No. 251 | Primary Registration District No. 5350 | Registrar's No.

1. PLACE OF DEATH:

(a) County: Daviess

(b) City or town: "Rural" Grand River Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 Miles East Jameson, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Daviess

(c) City or town: "Rural" Grand River Township
(If outside city or town limits write "RURAL")

(d) Street No.: 4 Miles East Jameson, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mary Elizabeth Everly 144

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: Married

6. (b) Name of husband or wife: Chas. H. Everly

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: July (Month) 1 (Day) 1863 (Year)

8. AGE: Years 76 | Months 9 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: 1

FATHER
12. Name: David P. Ashbrook
13. Birthplace: Unknown (City, town, or country) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name: Pauline Hill
15. Birthplace: Unknown (City, town, or county) Ohio 0 (State or foreign country)

16. (a) Informant: Forrest Everly
(b) Address: Jameson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Grand River Cemetery

18. (a) Signature of funeral director: Hope Furn. & Und. Co.
(b) Address: Gallatin, Missouri

19. (a) 5-1-40 (Date received local registrar) (b) Ava [illegible] Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1940 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 24, 1940, to April 28, 1940, that I last saw her alive on April 24, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Diabetes Mellitus — Duration

Due to: ____

Due to: 54

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of 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): ____
(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: ____

85-7

23. Signature: L. R. Doolin (M. D. or other)
Address: Gallatin Mo. Date signed: 5-1-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 540-664
Date Filed MAY 7 1940

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 L. O. Pickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.