

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15063**

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **103**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Rest Cottage (Vail) 114 S. Spring  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Mary R DeBord 163

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

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

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

7. Birth date of deceased Oct 14 1859  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Robert W. Barrett

18. Birthplace Hawkins Co. Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Julia Perry

15. Birthplace St. Louis Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr S. M. Barrett

(b) Address 124 S Pendleton Ave

17. (a) Burial (b) Date thereof Apr 3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Att + Mitchell  
(b) Address Independence Mo.  
19. (a) April-3-40 F. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 114 S Spring  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 17, 1940 to Apr 1, 1940

that I last saw her alive on Apr 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronche pneumonia Duration 10 da

Due to General debility caused by Hypertension - arteriosclerosis

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

Other conditions Fracture left radius 12 da  
(Include pregnancy within 3 months of death)

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

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident fall at home

(b) Date of occurrence March 21-40

(c) Where did injury occur? Independence Jackson mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
360 at home (Specify type of place)  
While at work? no (e) Means of injury fall

23. Signature J. H. Hickerson (M. D. or other) \_\_\_\_\_  
Address Independence Mo Date signed Apr 2 40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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.**