

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

MOY-2-17-33
1 X1931

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 13 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15300
34
State File No. _____
Registrar's No. _____

Registration District No. 461 Primary Registration District No. 3024

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Livingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution city
(If not in hospital or institution, write street number or location) ?
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days 520

3. (a) PRINT FULL NAME MARIAH RENICK
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex fe 5. Color or race colored
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 2 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name James Bell
13. Birthplace Livingston Ky
(City, town, or county) (State or foreign country)
14. Maiden name Adelle Baldridge
15. Birthplace Livingston mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Bates
(b) Address Livingston mo

17. (a) Burial (b) Date thereof April 18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston mo

18. (a) Signature of funeral director W. Weather
(b) Address Livingston mo

19. (a) May 8/40 (b) Delea Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Lafayette
(c) City or town Livingston
(If outside city or town limits, write "RURAL")
(d) Street No. city
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15th
year 1940 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Nov. 15
1939 to April 17 1940
that I last saw her alive on April 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Duration 70 years

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Schistosoma 13 years PHYSICIAN _____
Of operations _____
Of autopsy _____
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 no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(e) Means of injury _____
(Specify type of place)

23. Signature J. D. Ball (M. D. or other) _____
Address Lafayette mo Date signed 4-17-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/10/40

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 Geo. A. McKean
Licensed Embalmer No. 2983
P. O. Address Leesington, 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.