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S. No. 2
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P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19053

Registration District No. 592 Primary Registration District No. 4350 Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community about 15 yrs years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Montgomery City Mo (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 ELIZABETH STEEL MABRY

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~~ H.T. MABRY

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

7. Birth date of deceased May (Month) 11 (Day) 1871 (Year)

8. AGE: Years 68 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Near Big Spring (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Office Work 9

11. Industry or business 0

FATHER
12. Name William Preston Anderson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wade Berger
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Grace Means

(b) Address Montgomery City Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May (Month) 6 (Day) 1940 (Year)

(c) Place: burial or ~~cremation~~ Mabry Cemetery

18. (a) Signature of funeral director J.H. Marlow

(b) Address Montgomery City Mo

19. (a) May 6 (Date received local registrar) (b) 40 Rhule Memfie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1940 hour 1:00 minute AM M.

21. I hereby certify that I attended the deceased from October 1935, to May 5, 1940, that I last saw her alive on May 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris (Sudden Death)	years
Due to Hypertensive Cardio-vascular Disease	years
Due to Chronic Myocarditis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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) 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? 522 (Specify type of place)

While at work? (e) Means of injury

23. Signature E J T Anderson (M. D. or other) M.D.

Address Montgomery City, Mo Date signed 5/6/40

(Licensed Embalmer's Statement on Reverse Side) Coroner Montgomery Co

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.