

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22984
Do not use this space.

1. PLACE OF DEATH 2
 (a) County Stoddard Registration District No. 834
 (b) Township Pike 5 Primary Registration District No. 6097
 (c) City Ball City (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 156 Mamie Abner
 (a) Residence, No. Stoddard Co. Mo. St. RURAL
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Abner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/9, 1914
 7. AGE 26 YEARS 10 MONTHS 3 DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ardeal, Mo.

FATHER 13. NAME Thomas Matheny 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn. 0

MOTHER 15. MAIDEN NAME Ortie Steward
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ardeal, Mo.

17. INFORMANT (ADDRESS) Tom Matheny
Ball City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE June 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Whiles and Co.
Bloomfield, Mo.

20. FILED July 5, 1940 D. S. McFee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jenn. 1940, to 7/2, 1940
 I last saw her alive on 5/10, 1940 Death is said to have occurred on the date stated above, at 10:00 am.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
 Other contributory causes of importance: 23

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 20
 If so, specify _____
 (Signed) C. O. Bennett, M. D.
 (Address) Ball City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
DIVISION OF VITAL RECORDS

RECEIVED
District Health Officer No. 2,
District File Number 740-720
Date Filed 7/8/40

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 *Irvin C. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.