

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32828

~~MISSOURI~~ OCT 15 1940

Registration District No. 664

Primary Registration District No. 5884

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Pettis Wash. Mo.

(b) City or town Green Ridge, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis

(c) City or town Green Ridge, Rural Part #2
(If outside city or town limits, write "RURAL")

(d) Street No. Washington Prof 6 mi SE
(If rural, give location)

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

3. (a) PRINT FULL NAME _____

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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased Aug 14 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 30 hr. _____ min.

9. Birthplace Green Ridge Rural _____
(City, town, or county) (State or foreign country)

10. Usual occupation 9

11. Industry or business _____

MOTHER FATHER { 12. Name: T. Bloom

13. Birthplace Uniontown
(City, town, or county) (State or foreign country)

14. Maiden name Daisy Rose Shipp

15. Birthplace Pettis Co
(City, town, or county) (State or foreign country)

16. (a) Informant John W Shipp

(b) Address Rural

17. (a) Aug 15 1940 (b) Date thereof Aug 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried at New Bethel

18. (a) Signature of funeral director No Funeral, Director

(b) Address _____

19. (a) Aug 15 1940 (b) H. A. Hite
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1940 hour 89 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 14, 1940, to Aug 15, 1940
that I last saw her alive on Aug 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Difficult birth 20 hrs

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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? No!

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature H. A. Hite (M. D. or other) _____
Address Green Ridge Mo Date signed 8/15/40

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

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

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 _____

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.