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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED OCT 10 1940

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 158

4

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

1. PLACE OF DEATH:

(a) County St. Francois *St. Francois*

(b) City or town Near Farmington

(c) Name of hospital or institution: State Hospital No. 4

(d) Length of stay: In hospital or institution 5 mos. 28 days

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town New Haven

(d) Street No. R.F.D. #3

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

3. (a) PRINT FULL NAME Mary Macke

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, divorced Widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased July 15 1863

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>1</u>	<u>21</u>	hr. _____ min.

9. Birthplace Missouri

(City, town, or county) _____ (State or foreign country) _____

10. Usual occupation None

11. Industry or business _____

12. Name W. Watopka

13. Birthplace Unknown

(City, town, or county) _____ (State or foreign country) _____

14. Maiden name Catherine Parkick

15. Birthplace Unknown

(City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 9-9-40

(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Port Hudson, Mo.

18. (a) Signature of funeral director E. H. Temme

(b) Address _____

19. (a) Sept 7-1940 (b) B. J. Robinson

(Date received local registrar) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6

year 1940 hour 10 minute 20 a.m.

21. I hereby certify that I attended the deceased from 3-8, 1940, to 9-6, 1940;

that I last saw her alive on 9-6, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Duration 3 days

Due to Arteriosclerosis, generalized & marked

Due to _____

Other conditions Severe Psychosis, Simplex

(Include pregnancy within 3 months of death)

Starvation

Major findings: _____

Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place) _____

(a) Means of injury _____

23. Signature C. C. Ault (M. D. or other) M.D.

Address Farmington, Mo. Date signed 9/9/40

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 E. H. Lemme, Registered Apprentice No. _____ working under my personal supervision.

Signed E. H. Lemme
Licensed Embalmer No. 3076

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, fact should be so stated above.