DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34156

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8853

NOV 16 1940

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.

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) (DAMRON)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Elsberry NR (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 Mary Melissa Damron
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 Married
6. (b) Name of husband or wife James
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov (Month) 28 (Day) 1880 (Year)

8. AGE: Years 59 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Elsberry Lincoln Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name James W. Metts
13. Birthplace Calhoun Co Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Heron
15. Birthplace Calhoun Co Ill (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J N Damron
(b) Address Elsberry Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 28 (Day) 1940 (Year)
(c) Place: burial or cremation Elsberry Mo
18. (a) Signature of funeral director W D Bradley
(b) Address Elsberry Mo
19. (a) OCT 28 1940 (Date received local registrar) (b) J F Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 16, 1939, to Oct 25, 1940 that I last saw her alive on Oct 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	5 days
Mitral Stenosis	?
Due to Metastatic carcinoma from uterus	?
Due to	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

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

23. Signature James A Forsen (M. D. or other) MD
Address 3903 Olive Date signed 10-26-40

(Licensed Embalmer's Statement on Reverse Side)

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.....W. D. Bradley

Licensed Embalmer No.....3466

P. O. Address.....Elsburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.