

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35822

Registration District No. 556

Primary Registration District No. 4328

State File No. \_\_\_\_\_

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Mercer County  
(b) City or town Princeton, Mo.  
(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 No  
(Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULLNAME Elizabeth May  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 11, 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Burns County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Jeuh Aymes

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

14. Maiden name Mary Long

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucien May

(b) Address Princeton, Mo.

17. (a) Burial (b) Date thereof Sept. 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rayanna, Mo.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Princeton, Mo.

19. (a) 9/29-40 (b) J. M. Perry  
(Date received local registrar) (Registrar's signature)

(Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer  
(c) City or town Princeton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. City  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour 1/2 minute 20 A M.

21. I hereby certify that I attended the deceased from Sept 28 to Sept 28, 1940  
that I last saw her alive on Sept 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation 294 and Coronary atherosclerosis - 15 min

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy NO

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(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 J. M. Perry (M. D. or \_\_\_\_\_)

Address Princeton Mo Date signed 9/29-40

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

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Harold S. Moore

Licensed Embalmer No. 2634

P. O. Address Parmerston Wood

**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.**