S. No. 2
—11-10-39
v. 5-17-39
I X21492

10

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40022

Registration District No. 968 FILED DEC 11 1940 Primary Registration District No. 6184 Registrar's No.

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Belgrade
(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 (Specify whether
In this community 4 years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Belgrade
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ethel Showalter

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Glen Showalter

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

7. Birth date of deceased July 17; 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Belgrade Mo
(City, town, or county) (State or foreign country)

10. Usual occupation school teacher 0

11. Industry or business 0

FATHER
12. Name J.T. Maxwell 0
13. Birthplace Belgrade Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Alice Mason
15. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Maxwell
(b) Address Belgrade Mo.

17. (a) burial (b) Date thereof Sept. 5:40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belgrade Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address White Ironton Mo.

19. (a) Sept 3 (b) Dr I. G. Houston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1940 hour 1 minute 40 A M.

21. I hereby certify that I attended the deceased from Sept 3, 1940 to Sept 4, 1940
that I last saw her alive on Sept 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to with Intestinal
Due to Influenza
Other conditions Toxic Goitre
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (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 G. F. Cromwell (M. D. or other)
Address Potosi Mo. Date signed 9/7/40

(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 Arnold J. White

Licensed Embalmer No. 3072

P. O. Address Dorothea Mae

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.