

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. **43117**

JAN 8 1941

Registration District No. **914**

Primary Registration District No. **5688**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town Anderson 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 _____ (Specify whether)

In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Mary Marie Divine

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 widowed

6. (b) Name of husband or wife Samuel Divine **6. (c) Age of husband or wife if** _____ years

7. Birth date of deceased February 24 1846
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Housewife 1

11. Industry or business Home 7

12. Name Daniel Dobbs 7

18. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant Mrs. Bell Wilson

(b) Address Anderson, Missouri

17. (a) Burial price Cemetery **(b) Date thereof** 12-17-40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director M. D. Snow

(b) Address Latin Funeral Home, Anderson, Mo

19. (a) 1-2-1941 **(b) Mrs Lee Harker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald

(c) City or town Anderson Rural
(If outside city or town limits, write "RURAL")

(d) Street No. P. O. D. 2
0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1940 hour 10 minute 15 p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____

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

Immediate cause of death General Senility

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

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? 463

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. D. Snow, coroner McDonald Co
(M. D. or other)

Address Anderson, Mo. Date signed 12-16-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 141-3090

Date Filed JAN 4 - 1947

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.