

FD JAN 25 1941

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

Registration District No. 662

Primary Registration District No. 5757

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Rural  
(c) Name of hospital or institution: Rushwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_  
In this community 20 yrs. \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Dixon, Mo. R#3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BERTHA MAE DAKE

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 Russell Dake 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept. 25 - 1904  
(Month) (Day) (Year)

8. AGE: Years 36 Months 2 Days 26 . If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeper

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

12. Name Nathan Lawson

13. Birthplace Marion County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Cassiline Lawson

15. Birthplace Marion County, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Dake

(b) Address Dixon, Mo. R 3

17. (a) Buried (b) Date thereof Dec. 22 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem. Newbern, Mo

18. (a) Signature of funeral director G. L. Basy

(b) Address Osceola, Mo

19. (a) Dec 30, 40 (b) Mrs. W. B. Van Krevin  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20  
year 1940 hour 1 minute 30 9 M.

21. I hereby certify that I attended the deceased from December 19  
1940, to December 20, 1940;

that I last saw her alive on December 20, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Septic

Duration  
6 days

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

4 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(g) Means of injury \_\_\_\_\_

23. Signature W. A. Gould (M. D. or other) DO

Address Osceola, Mo Date signed 12/24/40

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

145A

RECEIVED  
Miller County Health Dep't  
County File Number 41-7  
Date Filed 1/15/41

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

*Loren Adams*

Registered Apprentice No.

working under my personal supervision.

Signed *C. L. Camp*

Licensed Embalmer No.

*9694*

P. O. Address

*Irma, Mo*

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43210  
Registrar's No. \_\_\_\_\_

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 562

Primary Registration District No. 5757

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

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Basswood T.P.  
(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

3. (a) PRINT FULL NAME Bertha Mae Dake

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>2</u>	<u>26</u>	hr. min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER {

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 20 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Puerperal sepsis Duration 11 days  
Due to Delivery  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 145

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W.M. D. Gould (M. D. or other) DO  
Address Abbeia Mo Date signed 2/19/41

SUPPLEMENTAL

W. A. T. H. M. E. L. L.

S-43210