

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2664
Do not use this space.

1. PLACE OF DEATH
 (a) County Greene Registration District No. 321
 (b) Township Washington Primary Registration District No. 5445
 (c) City _____ (d) Street No. _____ Registered No. 18
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Tertrude W. Filbeck
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. N.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Arkansas
 FATHER 13. NAME W. W. Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 MOTHER 15. MAIDEN NAME Treshaw
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 17. INFORMANT (ADDRESS) Mrs. Mary Hardy Rogersville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dodson Cemetery DATE Nov. 20, 1940
 19. FUNERAL DIRECTOR (NAME) Kelley and Terrell (ADDRESS) Rogersville, Mo.
 20. FILED Dec. 31, 1940 Mrs. Paul Hughes Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1940 to Nov 19, 1940
 I last saw her alive on Nov 10, 1940 Death is said to have occurred on the date stated above, at 3:24 a.m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis Date of onset _____
 Other contributory causes of importance: 77
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. J. DeWitt M. D.
 (Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED.

Greene County Health Unit

County File No. 41-1-18-18

Date Recd. 1/20/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

W. H. Kelley

Licensed Embalmer No.

3334

P. O. Address

Raymond m o

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.