

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3737

State File No. _____
Registrar's No. 7

Registration District No. 641 Primary Registration District No. 5863

1. PLACE OF DEATH:
(a) County Pemisscot
(b) City or town Tyler (Pemisscot twp) 78
(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 _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemisscot
(c) City or town Tyler Pemisscot 0
(If outside city or town limits, write "RURAL")
(d) Street No. Tyler, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Margie Stow
(b) If veteran, name war None 8. (c) Social Security No. None
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 11
year 1941 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Jan 8
8 1941, to Jan 8 1941,
that I last saw her alive on Jan 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia
Starvation
Duration
5 da
4 da

8. AGE: Years Months Days If less than one day
0 6 12 hr. _____ min.

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

10. Usual occupation None

11. Industry or business
MOTHER FATHER { 12. Name Tom Stow
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Iva Hames
15. Birthplace Pemisscot
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Stow

(b) Address Tyler, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Herman W. Co.
(b) Address Steele, Mo

19. (a) Jan. 14, 1941 (Date received local registrar) (b) Ada Martin (Registrar's signature)

Other conditions Otitis Media
(Include pregnancy within 3 months of death)
Tonsillitis
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?
585
While at work? ✓ (Specify type of place) (e) Means of injury ✓
23. Signature E. L. Taylor (M. D. or other) Mo
Address Steele, Mo. Date signed 1-13

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

2-41-38

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.