

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3911

State File No. _____

FILED FEB 14 1941
701

Registration District No. _____ Primary Registration District No. 422

Registrar's No. #7

1. PLACE OF DEATH:

(a) County: Polk

(b) City or town: Balvina, Mo
(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: Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Polk 84

(c) City or town: Balvina, Goodson Star Route
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: ANN Standley

3. (b) If veteran, name war: none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1941 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from Jan 12 41
1941, to Jan 17 41, 1941;
that I last saw her alive on Jan 17 41, 1941;
and that death occurred on the date and hour stated above.

4. Sex: female

5. Color or race: white

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

6. (c) Age of husband or wife if alive: 78 years

7. Birth date of deceased: Jan 9 1859
(Month) (Day) (Year)

Immediate cause of death: Influenza Pneumonia followed by apoplexy

Due to _____

Due to _____

Other conditions: high
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>0</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation: housekeeper

11. Industry or business: housework

MOTHER { 12. Name: Wm. H. Erwin

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

14. Maiden name: Jane Sawyer

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

Physician _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

Of autopsy: _____

16. (a) Informant: Mrs. Melvin Davison

(b) Address: Balvina Mo

17. (a) Burial (b) Date thereof: 1-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: mt Olive

18. (a) Signature of funeral director: White & Erwin

(b) Address: Balvina Mo

19. (a) 1/19/41 (b) J. Robert
(Date received local registrar) (Registrar's signature)

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?
630
While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature: [Signature] (M. D. or other) D

Address: Balvina Date signed _____

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

RECEIVED

District Health Officer No. 7,

District File Number 2-41-348

Date Filed 2-13-41

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 Thos B Marshall

Licensed Embalmer No. 3519

P. O. Address Balwin 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, above space should be left blank.