

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

7022

 MAR 17 1941
 Registration District No. 2453
Primary Registration District No. 2453

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn Grundy Wilson
 (b) City or town Laredo Rural Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Life time years, months or days

3. (a) PRINT FULL NAME

ELIZABETH RUTH PEW8. (b) If veteran,
name war _____8. (c) Social Security
No. _____4. Sex Female5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
William A. Pew6. (c) Age of husband or wife if
alive 73 years7. Birth date of deceased March
(Month)29 1872
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

68929

hr. min.

9. Birthplace

Kansas
(City, town, or county)Kansas
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

T. W. Chapman

13. Birthplace

New York
(City, town, or county)New York
(State or foreign country)

14. Maiden name

Ellen Taggart

15. Birthplace

Michigan
(City, town, or county)Michigan
(State or foreign country)

16. (a) Informant's own signature

E. R. Pew

(b) Address

Laredo Mo17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Feb 2 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Stuckey Cem

18. (a) Signature of funeral director

E. J. Robertson

(b) Address

Laredo, Mo.19. (a) Feb 10 1941
(Date received local registrar)(b) Mabel Warren
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn Grundy 40
 (c) City or town Laredo Rural
 (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.? 0 years

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month Jan day 28
 year 1941 hour 4 minute 20 P. M.

 21. I hereby certify that I attended the deceased from Jan
19, 1941, to Jan 28, 1941
 that I last saw her alive on Jan 28, 1941
 and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration _____Due to influenza

Due to _____

Other conditions Cholecystitis (Chronic)
(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy none

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?
9566
 While at work? _____ (Specify type of place) (e) Means of injury _____

 23. Signature Ray G. G. G. (M. D. or other) Med.
 Address Laredo Mo. Date signed 1-31-41

DEC 17 1952

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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 E. J. Robertson
Licensed Embalmer No. 2445
P. O. Address Fairfax, Md.

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.