

1941 MAR 14 1941

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

7754
Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 646
 (b) Township Jackson Primary Registration District No. 5-8-5-5 77
 (c) City Rockbridge (d) Street No. 0 Registered No. 4
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Francis Edward

(a) Residence, No. Rockbridge, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Edward
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 26, 1867
 7. AGE YEARS 73 MONTHS 7 DAYS 00 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) (STATE OR COUNTRY) Ava, Missouri

FATHER 13. NAME William R. Potter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Kink
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hugh Edwards, Rockbridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Souder DATE 1-27, 1941

19. FUNERAL DIRECTOR (ADDRESS) Clinkingbeard Funeral Home, Ava, Missouri 576

20. FILED Feb 10, 1941 Mrs. Riley Harris, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1941, 19
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1941, to Jan. 26, 1941
 I last saw her alive on Jan. 20, 1941. Death is said to have occurred on the date stated above, at 2: P.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
 Date of onset Jan 17
 Other contributory causes of importance: 107

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) P. E. Bushong, M. D.
 (Address) Gainesville, Mo.

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

50M-7-20-37 1 X12004

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

District Health Officer No. 6,

District File Number 341-407

Date Filed MAR 10 1941

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)