

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7893

State File No.

FILED MAR 25 1941

Primary Registration District No. 5941

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Pulaski Liberty
(b) City or town Hazlegreen Rural
(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
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULLNAME Mary Ash

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Dec. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 6th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 29 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name J. F. Sweat

13. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Rose Remington

15. Birthplace Unknown Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Will Ash

(b) Address Hazlegreen Mo

17. (a) Burial (b) Date thereof 2/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director Richland

(b) Address Richland Mo

19. (a) Feb 6-1941 (b) Paul A. Oliver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Hazlegreen Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION (304)

20. DATE OF DEATH: Month February day 8th
year 1941 hour 7 minute 5 p. M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Feb 5 1941;
that I last saw her alive on Feb 4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 5 weeks
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (Means of injury)

23. Signature Paul A. Oliver (M. D. or other)

Address Richland Mo Date signed 2/6/41

RECEIVED
District Health Officer No. 5,
District File Number 341 333
Date Filed _____

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 23198

P. O. Address Richland

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, fact should be so stated above.