

PRINTED MAY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15562

State File No. \_\_\_\_\_

Registration District No. 702

Primary Registration District No. 4423

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Polk

(b) City or town Fairplay  
(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 all of life years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Polk 84

(c) City or town Fairplay Rural 0  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Louise Deering

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 15<sup>th</sup> year 1941 hour 11 minute 15 P.M.

**21. I hereby certify that I attended the deceased from** Apr 15 1941 to Apr 17 1941  
that I last saw her alive on Apr 15 and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined

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

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

7. Birth date of deceased June 28 1940  
(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

**8. AGE:**

Years	Months	Days	If less than one day
	<u>9</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Fairplay (City, town, or county) MO (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

**MOTHER** { 12. Name Rufus Deering

13. Birthplace Stockton Mo (City, town, or county) (State or foreign country) 0

14. Maiden name Cora Hirsau

15. Birthplace Aldrich Mo (City, town, or county) (State or foreign country) 0

**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? 62

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature** Chas H Brown (M. D. or other) 1941

Address Fairplay Mo Date signed \_\_\_\_\_

16. (a) Informant Rufus Deering

(b) Address Fairplay Mo

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

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director Hutchison & Co.

(b) Address Bolivar Missouri

19. (a) Apr 24 41 (Date received local registrar) (b) L E Hunsert (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

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, fact should be so stated above.**