

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 23 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15981

State File No. _____

Registration District No. 606

Primary Registration District No. 6051

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Schuyler
(b) City or town near Queens City, Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Marianna Dufur

8. (b) If veteran, name war None 8. (c) Social Security No. _____

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 17 1930
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>9</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Child at Home

11. Industry or business None

12. Name Glen Dufur

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

14. Maiden name Edith Wanda Alexander

15. Birthplace Near Queens City Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Glen Dufur

(b) Address Queen City Mo.

17. (a) Burial (b) Date thereof. 4/29 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queens City Cemetary

18. (a) Signature of funeral director Wm J West

(b) Address Queens City Mo

19. (a) 4/25-1941 (b) Chas Jones, deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Queens City (If outside city or town limits, write "RURAL")
(d) Street No. MO (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27 year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Aug _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Burned in
Burned Burn
By accident

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy MO

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) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature JH Keller (M. D. or other) _____
Address Leicester Mo Date signed Apr 27
While at work? _____ (Specify type of place) (e) Means of injury _____

county burner

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

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.

1 X 1951

RECEIVED

District Health Officer No. 10

District File Number

5-41-956

Date Filed

MAY 20 1941

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

Mo Embal

-ming almost Burned up.

Registered Apprentice No.

working under my personal supervision.

Signed

Wm G West

Licensed Embalmer No.

2882

P. O. Address

Invercity 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.