S. No. 2
—11-10-39
5-17-39
P I X21492

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

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16163

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 129

1. PLACE OF DEATH:

(a) County VERNON

(b) City or town NEVADA (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL NO3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 3 YEARS 10 MONTHS-3 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO (If outside city or town limits, write "RURAL")

(d) Street No. UNKNOWN (If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME MRS ANNA AINSWORTH

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Orin W. Ainsworth

6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased NOV. (Month) 12 (Day) 1862 (Year)

8. AGE: Years 78 Months 5 Days 19 If less than one day — hr. — min.

9. Birthplace UNKNOWN MARSHALL CO. INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business NONE

FATHER 12. Name CALVIN-LUTHER-RUSSELL

13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

MOTHER 14. Maiden name MARTHA-JANE MARKS

15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

16. (a) Informant RECORDS STATE HOSP. NO3

(b) Address NEVADA - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Missouri

18. (a) Signature of funeral director Corley & Thompson

(b) Address Neosho Mo.

19. (a) 5-1-41 (Date received local registrar) (b) Allen C. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day ONE year 1941 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from Oct 1939 to May 1 1941; that I last saw her alive on MAY 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC DEGENERATIVE MYOCARDITIS

Due to

Due to

Other conditions SENILE DIMENTIA (Include pregnancy within 3 months of death)

GEN. ARTERIOSCLEROSIS

Major findings: Of operations NONE

Of autopsy NO

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO.

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul L. Barone, M.D. (M. D. or other)

Address State Hosp No3 Nevada Mo. Date signed May 1, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-783
Date Filed 5-7-41

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 Carley Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho 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.