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REC'D JUN 10 1938

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19308

State File No. _____
Registrar's No. 13

Registration District No. 968

Primary Registration District No. 6184

1. PLACE OF DEATH:
(a) County Washington Co
(b) City or town Harmony Creek - Har
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Washington
(c) City or town Harmony Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary L. Blair
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Widow
Married divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 (Month) 9 (Day) 1886 (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 24
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased ad
4/24, 1941, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months _____ Days 15 If less than one day
hr. _____ min. _____

Immediate cause of death Myocardial Infarction
Due to Essential Hypertension
Due to _____
Other conditions (Include pregnancy within 3 months of death) 42H

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

10. Usual occupation _____
11. Industry or business _____
12. Name Jim White
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Janice Burns
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Beiss
(b) Address Harmony Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director none 810
(b) Address _____
19. (a) 6-3 (b) Mrs Ella White
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature D. W. Davidson (M.D. or other) 2
Address Belgrade Date signed 5/7/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.