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K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21369

Registration District No. 138 Primary Registration District No. 5202 Registrar's No. 89

1. PLACE OF DEATH:
(a) County Carroll,
(b) City or town "Rural" Fairfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Country Home, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 55-years past.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll, 17
(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary M. North,
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 Married,
6. (b) Name of husband or wife Wm. H. North, 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased August (Month) -30th (Day) -1861 (Year)

8. AGE: Years	Months	Days	If less than one day
79	9	11	✓ hr. ✓ min.

9. Birthplace DeWitt County, (City, town, or county) Ills., (State or foreign country)
10. Usual occupation House Wife
11. Industry or business House Keeping,
FATHER 12. Name W. G. Page,
13. Birthplace New Jersey, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Aracada Harrold,
15. Birthplace DeWitt County, Ills., (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. D. North
(b) Address Norborne, Mo. R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, -13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer Evergreen,
18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.
19. (a) June 14-41 (Date received local registrar) (b) R. E. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 11 year 1941 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from September 26 1940 to June -11- 1941 that I last saw he alive on May -25 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	few days
Due to Arterio Sclerosis	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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) No
(b) Date of occurrence No
Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No None (Specify type of place)
While at work? No (e) Means of injury None
23. Signature Arthur D. Dodson M.D. (Coroner or other)
Address Braymer Mo. Date signed June 7 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number 7-8-41
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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.