

No. 2  
-4-41  
17-39  
X26390

FILLED JUL 18 1941

22870

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 821

Primary Registration District No. 4553

Registrar's No. ....

**1. PLACE OF DEATH:**  
 (a) County Scott  
 (b) City or town Sikeston  
(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 years, months or days)  
 In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Scott 100  
 (c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Seventh addition 9  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Ann Peterson  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 27  
 year 1941 hour 11 minute 45 P.M.

4. Sex Female 5. Color or race Col.  
 6. (a) Single, widowed, married, divorced Widowed 9  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from June 19 1941 to June 23 1941  
 that I last saw her alive on June 23 1941  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug. 15 1875  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
65 10 12 hr. min.

Immediate cause of death Varicella  
 Duration 7 days  
 Due to 34

9. Birthplace Mississippi  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions Septic (puer) 10 days  
(Include pregnancy within 3 months of death)  
 Major findings Severely

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name David Glenn  
 13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Thompson  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Physician \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Bertha Rhodes  
 (b) Address Sikeston, Mo.  
 17. (a) Burial (b) Date thereof 6-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sikeston, 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 or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 742  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Sikeston, Mo.  
 19. (a) 7-5-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 0  
 Address Sikeston Date signed 6-28-41

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

RECEIVED  
District Health Officer  
District File Number 241-2  
Date Filed 7-17-41

**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.....   
Licensed Embalmer No. 774  
P. O. Address Sikeston, 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, fact should be so stated above.**