

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29241**

Registration District No. **773**

Primary Registration District No. **6-8-A 4464**

Registrar's No. **119**

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

1. PLACE OF DEATH:

(a) County **Freeman**
(b) City or town **Farmington, Mo.**
(c) Name of hospital or institution **San Joseph 2142**
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME

LOU MABREY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. **Female** 5. Color or race **W** 6. (a) ~~Single~~ **widowed**, married, divorced _____

6. (b) Name of husband or wife **Carl Mabrey** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **April 5 1888**
(Month) (Day) (Year)

8. AGE: Years **53** Months **2** Days **4** If less than one day hr. min.

9. Birthplace **Gravel Hill Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Freeman Jones**

13. Birthplace **Cass County Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **E. Robinson**

15. Birthplace **Cass County Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Mabrey**

(b) Address **R. P. Advance Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 4, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cape Girardeau Mo.**

18. (a) Signature of funeral director **Wm. H. Hamel**

(b) Address **Cass County Mo.**

19. (a) **Aug 2-41** (b) **W. H. Robinson**
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Scott 94**
(c) City or town **Rural - Advance**
(d) Street No. _____
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2nd** year **1941** hour **8:05** minute **PM**

21. I hereby certify that I attended the deceased from **July 21**, 1941, to **August 3**, 1941, that I last saw him alive on **August 1**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **2 days**

Due to **Arteriosclerosis, generalized & moderate** ?

Due to **101**
Other conditions **Popliteal aneurysm, Arteriosclerosis** **James 1944**

Major findings: Of operations **No operation**

Of autopsy **No autopsy**

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? _____
(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 **C. C. Ault** (M. D. or other) **M.D.**
Address **Farmington, Mo** Date signed **8/2/41**

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 J. G. Howell
Licensed Embalmer No. 3390
P. O. Address Bay Thunders

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.