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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. 9. 32195
State File No. _____
Registrar's No. 14

Registration District No. 114
Primary Registration District No. 5869

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural Godas
(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 _____
In this community 8 20/10 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 078
(c) City or town Rural
(d) Street No. Near Postageville
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mary Calvin Underwood
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

20. DATE OF DEATH: Month 9 day 21
year 1941 hour 3 minute 55 P.
21. I hereby certify that I attended the deceased from 8-20
1941 to 9-21 1941
that I last saw her alive on 9-19 1941
and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 7 1862
(Month) (Day) (Year)
8. AGE: Years 78 Months 11 Days 14
If less than one day _____ hr. _____ min.
9. Birthplace Wayne Co. Mo. U
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business Housewife

Immediate cause of death Hypostatic Bronchopneumonia Duration 4da
Due to apoplexy (Cerebral Hemorrhage)
Due to Hypertension ?
Other conditions arteriosclerosis ?
Major findings: Of operations _____
Of autopsy 107

12. Name Underwood
13. Birthplace _____
14. Maiden name unknown
15. Birthplace _____
16. (a) Informant L. W. Hendrix MD.
(b) Address Postageville Mo.
17. (a) Burial (b) Date thereof _____
(c) Place: burial or cremation Postageville Mo.
18. (a) Signature of funeral director Postageville Mo.
(b) Address Postageville Mo.
19. (a) Oct 1 1941 (b) Mary W. Cortz
(Date received local registrar) (Registrar's signature)

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? _____
23. Signature John J. Killian (M. D. County)
Address Postageville Mo. Date signed 9-21-41

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

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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.....

Noel C. Dean....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3941*

P. O. Address *Portageville 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.