

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35042

FILED OCT 27 1941

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reid Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) x y 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Bethany 041
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1941 hour 112 minute 15 P.M.
21. I hereby certify that I attended the deceased from 8-31 1941 to 9-1 1941
that I last saw her alive on 9-1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Premature labor

Duration

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

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) _____
(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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature H. H. Burston (M.D. or other) _____
Address Bethany, Mo Date signed 9/2/41

3. (a) PRINT FULL NAME Patsy Lea Criger
3. (b) If veteran x 3. (c) Social Security No. 2
name war _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug. 31 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 3 hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Alva Criger

13. Birthplace Bethany Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ross

15. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Alva Criger

(b) Address Bethany Mo

17. (a) Miriam (b) Date thereof Sept 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Criger

18. (a) Signature of funeral director J. E. Wheeler

(b) Address Bethany Mo

19. (a) 9/3/41 (b) Zola M. BURRIS
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

41
1
1

STATEMENT BY LICENSED EMBALMER

not

1

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..... *Joe E. Wheeler*
Licensed Embalmer No. *3512*
P. O. Address *Anthony W.*

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.