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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39608

State File No. _____

Registration District No. 797

Primary Registration District No. 6040

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Miami
(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 1 (Specify whether)

In this community about 70 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Miami 097
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Margaret K. Chilcott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1941 hour 2:30 minute 0 M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased Sept 23 - 1850
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-11 1941 to 11-16 1941
that I last saw him alive on 11-15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Central Aneurysm Duration 5 days

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Shenandoah Co. W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

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

Major findings: 430

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Carroll Chilcott

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

14. Maiden name Evelyn Brill

15. Birthplace Va.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert E. Chilcott

(b) Address Miami Mo.

17. (a) Burial (b) Date thereof Nov 17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Cemetery

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? _____

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo.

19. (a) 11-17-41 (b) Mrs. Arlin Hale
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature P. J. Sullivan (M. D. optional)

Address Miami, Mo. Date signed 11/16/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-19-46.....

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. H. Davis

Licensed Embalmer No. 1171

P. O. Address Marshall 7

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.