

No. 2
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17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED FEB 18 1942

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County... Daviess

(b) City or town... Gallatin Tenn
(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... Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Surface

3. (b) If veteran, name war... None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife... John Surface 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased... August 3 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>9</u>	hr. min.

9. Birthplace Angoka Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name George Plummer

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

14. Maiden name Fredence Sailor

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

16. (a) Informant Mrs. Lee Rulon

(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 1-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falls City, Nebraska

18. (a) Signature of funeral director Hope Turner Hud. Co.

(b) Address Gallatin, Missouri

19. (a) 1-16-42 (b) L. O. Pickens
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Gallatin 9
(If outside city or town limits, write "RURAL")

(d) Street No. --- 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 1, 1939 to January 12, 1942
that I last saw her alive on July 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death inanition

Due to carcinoma of right kidney of 52a

Due to _____

Duration
about 2 years

Other conditions Debility of age
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none 52a

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 1-

23. Signature M. A. Smith (M. D. or other)
Address Gallatin Mo Date signed 1/16/42

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.....

L. O. Richesson

Licensed Embalmer No.....

3302

P. O. Address.....

Dallatin, 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.