

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6273

State File No.

FILED MAR 16 1942

Registration District No. 106

Primary Registration District No. 5219

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Grand River Mo.
(If outside city or town limits, write "RURAL" and name of township.)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Rural Grand River Mo
(If outside city or town limits write "RURAL")

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

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

8. (a) PRINT FULL NAME Mary A. Register

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

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

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

7. Birth date of deceased 12-19-1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 14 hr. min.

9. Birthplace Near St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known 11

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. John Hall

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Orient Cem.

18. (a) Signature of funeral director U. K. Bus

(b) Address Cass Mo

19. (a) 3-5-42 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3rd
year 1942 hour 9.15 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 1-42
March 2nd 1942 to _____ 19____
that I last saw her alive on March 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Hypertension with thrombotic coronaries

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 J. L. Smith (M. D. or other) _____
Address Harrisonville Mo Date signed 3-5-42

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

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

Floyd W. Kinnon

Licensed Embalmer No. *3870*

P. O. Address *Harrisonville*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6273**

Registration District No. **156**

Primary Registration District No. **5219**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Rural**
(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.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(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.....

3. (a) PRINT FULL NAME **Mary A Register**

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

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **w**

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

7. Birth date of deceased **Dec 19 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **1** (If less than one day) min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** Day **13** Year **1942** hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to **Chronic nephritis**

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) **131R**

Major findings: Of operations.....

Of 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?..... (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) Manner of injury.....

23. Signature **H. J. Scott** (M. D. or other) **of 2**
Address **Hartsville** Date signed **1942**

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1945

1. The first part of the document discusses the general situation of the country and the progress of the war. It mentions the importance of maintaining the morale of the people and the need for a united front against the enemy.

2. The second part of the document deals with the economic situation and the measures being taken to improve it. It emphasizes the need for a balanced budget and the reduction of government expenditure.

3. The third part of the document discusses the social and cultural aspects of the country. It mentions the importance of education and the need for a more equitable distribution of resources.

4. The fourth part of the document discusses the foreign relations of the country. It mentions the need for a policy of non-alignment and the importance of maintaining friendly relations with all countries.

5. The fifth part of the document discusses the military situation and the progress of the war. It mentions the need for a more effective military strategy and the importance of maintaining the morale of the troops.

6. The sixth part of the document discusses the political situation and the need for a more democratic government. It mentions the importance of free elections and the need for a more active role for the people in the government.

7. The seventh part of the document discusses the future of the country and the need for a more progressive social system. It mentions the importance of economic development and the need for a more equitable distribution of resources.

8. The eighth part of the document discusses the role of the press and the need for a more free and independent media. It mentions the importance of the press in the development of the country and the need for a more active role for the press in the government.

9. The ninth part of the document discusses the role of the judiciary and the need for a more independent and effective judicial system. It mentions the importance of the judiciary in the development of the country and the need for a more active role for the judiciary in the government.

10. The tenth part of the document discusses the role of the police and the need for a more professional and effective police force. It mentions the importance of the police in the development of the country and the need for a more active role for the police in the government.