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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 11 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 2

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Advance, R. 3, Duko Ln
 (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
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Stoddard
 (c) City or town Advance, R. 3
 (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 Rosa Borders
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 20
 year 1942, hour 3 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Feb. 19
 1942 to Feb. 20 1942
 that I last saw her alive on Feb. 19, 1942
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April, 15, 1881
 (Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia 10 da.
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>5</u>	_____ hr. _____ min.

Due to _____
 Due to _____

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

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

10. Usual occupation Housekeeper

Major findings:
 Of operations 10/6
 Of autopsy _____

11. Industry or business _____

MOTHER { 12. Name Amos T. Long

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

14. Maiden name Sarah Ellen Snaders

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

16. (a) Informant Roscoe Borders

(b) Address Parma, Mo.

17. (a) Burial (b) Date thereof Feb. 21, 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Batch, Advance, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 2-23-42 (b) M.R. Brower
 (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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury _____

23. Signature C. E. Lewis (M. D. or other) _____
 Address Bell City, Mo. Date signed 2/24/42

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.....

B. J. Brentlinger

Licensed Embalmer No. *4201*

P. O. Address.....

Alexter, 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.