

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11363

State File No.

FILED APR 24 1942

Registration District No.

~~4375~~ 5748

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 Hours
(Specify whether

In this community 6 years, months or days)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mercer

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

(d) Street No. W. 1st
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Margaret L. Loe

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1941 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 31 1941, to Dec 31 1941; that I last saw her alive on Dec 31 1941; and that death occurred on the date and hour stated above.

Immediate cause of death infectious Duration 6 hrs.

4. Sex Female / 5. Color or race White

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

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

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

8. AGE: Years Months Days If less than one day
6 hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Clifton Loe

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

14. Maiden name Helen Maxwell

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

16. (a) Informant Clifton Loe

(b) Address Princeton MO

17. (a) Burial (b) Date thereof 1-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

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

(b) Address Princeton Mo

19. (a) 1-1-41 (b) J. M. Perry
(Date received local registrar) (Registrar's signature)

Due to Premature Labor

Due to Placenta previa

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

Major findings: Of operations..... Of autopsy.....

PHYSICIAN 159
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? NO (Specify type of place) (e) Means of injury NO

23. Signature Byron J. Axtell (M. D. or other) NO

Address Princeton, Mo Date signed 1-1-42

490 (Licensed Embalmer's Statement on Reverse Side)

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.....

Not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *H. Grant Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Quincy, 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.