

U. S. No. 2
DM-9-4-41
Rev. 5-17-39
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24638

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 11 1942 174

Registration District No. #67

Primary Registration District No. 3024

Registrar's No. 43

54
3
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Polayette

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

(c) Name of hospital or institution 1903 Bloom
(If not in hospital or institution, write street number or location)

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

In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Virginia (b) County Lexington

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

(d) Street No. 1903 Bloom
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Angelina Mabery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black

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 December 25 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 19

If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

12. Name George Mabery

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

14. Maiden name Sarah Mabery

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

16. (a) Informant One Virgie McComick

(b) Address 1903 Bloom Lexington

17. (a) Burial (b) Date thereof 7-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director George Schurab

(b) Address 210 S. 24

19. (a) July-10-42 Mrs. G. Schurab
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 30' day
year 1942 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 6 1942 to July 6 1942

that I last saw her alive on July 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration
secondary to acute myocarditis
(chemotoxic)

Duration 6 mo.

Due to senility

Other conditions None
(Include pregnancy within 9 months of death)

Major findings: None

Of operations None

Of autopsy None

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) (Means of injury)

23. Signature Dr. G. S. West (M.D. or other) West
Address Lexington, Va Date signed 7/7/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

1158 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-10-42

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 _____

George Henry Green

Licensed Embalmer No. 4220

P. O. Address _____

Washington, D.C.

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.