

No. 2
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FILED SEP 11 1942

5982

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural, Logan
(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 Reynolds

(c) City or town Rural, Logan Township
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME KATIE-HORTON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1942 hour 1 minute A M.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife 0

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

7. Birth date of deceased Dec 14 - 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 2, 1942 to Feb 4, 1942 that I last saw her alive on Feb 2, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>77</u>	<u>1</u>	<u>20</u>		hr. _____ min.

Immediate cause of death Pneumonia

Due to Infirmities of age 2 weeks

Due to _____

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

10. Usual occupation Retired housewife

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

Major findings: A. J. Bugg, M.D.

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Mrs Harrison

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

14. Maiden name unk

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant C. E. Henderson

(b) Address Edlington MO

17. (a) Burial (b) Date thereof 2/5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chitwood Cemetery near Edlington, MO

18. (c) Signature of funeral director _____

(b) Address Friends

19. (a) 2/4-1942 (b) Essie Evans
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signat A. J. Bugg (M. D. or other)

Address Edlington MO Date signed 2/4/42

1136

RECEIVED

District Health Officer No. 5,

District File Number. 942721

Date Filed 9-10-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28015-

Registration District No. 748

Primary Registration District No. 5982

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town _____
(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 _____ (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 Kate Barton

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 14 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 20 Days 10 (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 _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 23 Year 1942 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 23 9 45 1942; that I last saw him live on _____ 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Prostration

Due to infirmities of age

Due to falling on strip or

Other conditions (include pregnancy within 3 months of death) 33a

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature A. J. Bunge (M. D. or other) _____

Address Callington, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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



