

No. 1-4-17
X24390

305
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 16 1942 3

State File No. _____

Registration District No. _____

Primary Registration District No. 5058

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural - Monett Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 44 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett, Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile South (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Louise Justus

3. (b) If veteran, name war None 3. (c) Social Security No. old age pension

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

6. (b) Name of husband or wife Nathan C. Justus 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased February 15 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired housewife

11. Industry or business None

12. Name Henry Patta

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

14. Maiden name Elizabeth Jane Vance

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

16. (a) Informant John Brown

(b) Address General Del. - Monett Mo.

17. (a) Burial (b) Date thereof 10-22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo.
19. (a) 10-22-1942 (b) Mrs. Geo. Harman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 20
year 1942 hour 11 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 3 1942 to Oct 20 1942
that I last saw her alive on Oct 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Duration _____

Due to Arterio Sclerosis Hypertension and Chronic Myocarditis

Due to multiple spaces of the different portions of body

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
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 L. P. Ferguson (M. D. or other) _____
Address Monett Mo. Date signed Oct 22 1942

RECEIVED

District Health Officer No. 6,

District File Number 1742-1630

Date Filed NOV 13 1942

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 Callaway

Licensed Embalmer No. 2066

P. O. Address

Monett 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33089

Registration District No. 13

Primary Registration District No. 5-058

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Bany
(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
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 May Louise Justen

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 _____

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

7. Birth date of deceased Feb (Month) 6 (Day) 1902 (Year)

8. AGE: Years 73 Months 8 Days 6 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (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 6 Year 1975 Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death emphysema Duration _____

Due to arteriosclerosis, hypertension and chronic myocarditis

Due to multiple cancer growth different positions of body

Other conditions on top of head and face and lymph glands of neck

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

