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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(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

3. (a) PRINT FULL NAME Daisy Dean See

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

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

6. (b) Name of husband or wife Edward O. See 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 18 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alfred W. Gosney

13. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mellisia Couch

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

16. (a) Informant Madeline Blake

(b) Address Warsaw, Missouri

17. (a) Burial (b) Date thereof Oct. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director White-Reser & Turpin

(b) Address Warsaw, Mo.

19. (a) 10/7/42 (b) Jas. A. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Warsaw
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5 year 1942 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7 AM to 11 PM 10-5-42 to _____, 19____; that I last saw her alive on Oct 5, 194____ and that death occurred on the date and hour stated above.

Immediate cause of death stroke
CEREBRAL HEMORRHAGE.
She had prepared breakfast and started to eat when she had the stroke. Did not see to walk.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None - none held.

Duration

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) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature H.S. Davage (M. D. or other) _____
Address Warsaw Mo Date signed 10-6-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 11-42-1154

Date Filed 11-5-42

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

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 3053

P. O. Address Warsaw, Missouri

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.