

S. No. 2  
M-1-4-41  
v. 5-17-39  
X-2325

34284

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 22 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 211

64  
3  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County MAYION

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

(c) Name of hospital or institution: 2700 MARKET  
(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 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MAYION

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

(d) Street No. 2700 MARKET  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary E Love

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1942 hour \_\_\_\_\_ minute 7:55 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1942 to Aug 16 1942 that I last saw him alive on Aug 16 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Russell (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased SEPT. 5 1873  
(Month) (Day) (Year)

Immediate cause of death Chc myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chc myofibrils  
(Include pregnancy within 3 months of death)

8. AGE: Years 68 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MT Sterling ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations 1318

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name \_\_\_\_\_

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

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 1

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address [Address] Date signed [Date]

16. (a) Informant Orville Love

(b) Address 2700 Market Harribal MO

17. (a) Burial (b) Date thereof Aug 18 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Olive Cem

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 8-31-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

1146 (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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Michael J. O'Connell  
Licensed Embalmer No. 3246  
P. O. Address Hannibal, 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.**