V. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36844

FILED DEC 3 1942

Registration District No. 4-3558

Primary Registration District No. 4095 4081

Registrar's No.

17
0
0

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

1. PLACE OF DEATH:

(a) County CARROLL Co

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

(c) Name of hospital or institution: 1
(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 Mo (b) County CARROLL 17 0

(c) City or town Bosworth, Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? Mo. ~~(Yes or No)~~

If yes, name country 0

3. (a) PRINT FULL NAME Mary Francis George

3. (b) If veteran, name war —

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Albert George

6. (c) Age of husband ~~or wife if~~ alive 78 years

7. Birth date of deceased July (Month) 29 (Day) 1867 (Year)

8. AGE: Years 75 Months 3 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Colma (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name John Rittman
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Della Sanders
15. Birthplace Warrenburg (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Albert George
(b) Address Bosworth Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Colma Colma Cemetery

18. (a) Signature of funeral director David J. Edward
(b) Address Bosworth Mo.

19. (a) Nov-9-42 (Date received local registrar) (b) Ruth Perry Edwards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 8 day ..... year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 7, 1942 to Nov 8, 1942 that I last saw her alive on Nov 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma — Duration

Due to Diabetes Mellitus

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

61

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. ~~or other~~)

Address Bosworth Mo Date signed Nov 9/42

1053 (Licensed Embalmer's Statement on Reverse Side)

Salth ... No. 6,

ict File Number

Date Filed 12-2-42

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 David J Edwards

Licensed Embalmer No. 3265

P. O. Address Bosworth 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.