

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1942

Registration District No. 170

Primary Registration District No. 5635

Registrar's No.

53
00

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

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Y
(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: Laclede

(a) State Mo (b) County Laclede 53

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

(d) Street No. Phillips 2429 Mo C
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... A

3. (a) PRINT FULL NAME MARY E Newma

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1942 hour 8 minute 7 M.

21. I hereby certify that I attended the deceased from Jan 1938 to 11-15-42 1942
that I last saw him alive on 11-14 1942
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan 20 1871
(Month) (Day) (Year)

Immediate cause of death gangrene of foot

Due to diabetic melitus

Due to.....

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

8. AGE: Years Months Days If less than one day
71 10 25 hr. min.

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

10. Usual occupation House Keeper

Major findings: Of operations..... 61

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Jack Count

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name..... 9

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

16. (a) Informant Cleo B. Bashars

(b) Address Long Lane Mo

17. (a) Burial (b) Date thereof 11-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wollard Cem.

18. (a) Signature of funeral director A. B. Jones

(b) Address Buffalo Mo

19. (a) Dec-1-42 (b) Grace Rapu
(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?
(Specify type of place) (e) Means of injury.....

23. Signature J. W. Hickey (M. D. or other) M.D.
Address Conway Date signed 11-20-42

RECEIVED

District Health Officer No. Lachle Co. Unit
District File Number 173-12-7
Date Filed 12-7-42

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.