

S. No. 2
DM-5-42
Rev. 5-17-39
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38262

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 331

Primary Registration District No. 4493

Registrar's No.

101
0
0

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Burch Tree 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 14 years (Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Burch Tree Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Martha J. Hansford

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1

MEICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 27 1942 to Nov-6 1942

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

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Sept 30 1888
(Month) (Day) (Year)

that I last saw h. 02 alive on 19 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 1 Days 11 If less than one day hr. min.

Immediate cause of death Intestinal Obstruction

Due to Unknown

9. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business ✓

Due to 1228

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1228

Of autopsy 1228

MOTHER FATHER

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Hansford

(b) Address Burch Tree

17. (a) Rural (b) Date there Nov 13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Not known

18. (a) Signature of funeral director John F. Hansen

(b) Address Not known

19. (a) 11-14-42 (b) Dr. Hyde M.D.
(Date received local registrar) (Registrar's signature)

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 Not known (M. D. or other)

Address Not known

744 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File No. 12421064

Date Filed 12-14-42

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.....

John J. Mean

Licensed Embalmer No. 2516

P. O. Address Manhattan, N.Y.

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.