

S. No. 2
OM-5-42
ev. 5-17-39
X32873

40337

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 30 1942

Registration District No. 43

Primary Registration District No. 2007

Registrar's No. 396

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

12
7
3

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution Lucy Lee Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY CORNELIA McNEW

3. (b) If veteran, name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 13 1942 to Dec. 14 1942
that I last saw her alive on Dec. 14 1942
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race W.

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

6. (b) Name of husband or wife Mont. McNew

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 1869
(Month) (Day) (Year)

Immediate cause of death Pulmonary edema
Cardiac failure
Diabetic Coma
Uremic Coma

Due to _____

Due to Diabetes
nephritis

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____

Of autopsy _____

Duration

1 day

2 da

2 da

Yrs. (?)

Yrs. (?)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>3</u>	<u>4</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Joshua Young

13. Birthplace Hibson Co. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Watson

15. Birthplace unk. Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Green

(b) Address Naylor, Mo.

17. (a) burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Naylor, Mo.

18. (a) Signature of funeral director Winnie Lish

(b) Address Naylor, Mo.

19. (a) 12-15-42 (b) Belle Keime
(Date received by 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 P. H. Kuehler (M. D. or other) _____

Address Bluff, Mo. Date signed 12/17/42

72

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1242-1724

Date Filed 12-28-42

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 B. C. McCord

Licensed Embalmer No. 4079

P. O. Address Taylor, 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.