

S. No. 2
 BM-5-42
 v. 5-17-39
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40353

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH 5145

State File No.

FILED JAN 11 1943
 Registration District No.

Primary Registration District No. 4140 46-5-6

Registrar's No. 41

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

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Breckenridge 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 all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Caldwell 13
 (c) City or town Breckenridge MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Louise Oreal
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 6
 year 1942 hour 9 minute 0 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from NOV 26 1942 to Dec 6 1942
 that I last saw her alive on Dec 6 1942
 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 26 1890
 (Month) (Day) (Year)
 8. AGE: Years 52 Months 7 Days 16 If less than one day hr. _____ min. _____

Immediate cause of death Malignant Jaundice
 Due to acute yellow atrophy of the liver
 Duration 2 mo

9. Birthplace Breckenridge MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation music teacher

Other conditions (Include pregnancy within 3 months of death) E. A. Thompson
 Major findings: Of operations _____
 Of autopsy 125a

11. Industry or business _____
 12. Name Ed Oreal
 13. Birthplace Mount Holly Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice Dewey
 15. Birthplace Spring Hill MO
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Margaret Clark
 (b) Address North Hollywood Calif
 17. (a) Burial (b) Date thereof Dec 9 - 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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 _____

18. (a) Signature of funeral director T. J. McPeak
 (b) Address Breckenridge Mo
 19. (a) Dec 9 42 (b) E. A. Thompson
 (Date received local registrar) (Registrar's signature)

23. Signature E. A. Thompson (M. D. or other) _____
 Address Breckenridge MO Date signed _____

1121

(Licensed Embalmer's Statement on Reverse Side)

12/9-42

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.....
T. F. McBeek....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*T. F. McBeek*.....
Licensed Embalmer No.....*1570*.....
P. O. Address.....*Breckinridge m...*.....

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.