No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -8 1944

Registration District No. 144

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40902

Primary Registration District No. 5562

Registrar's No. 75

47
0
0

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural-Arcadia Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Home for Aged Baptists Ironton, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 9 mos. 24 days (Specify whether years, months or days)

In this community 4 years, 9 mos. & 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron 47 0

(c) City or town Rural 0 (If outside city or town limits write "RURAL")

(d) Street No. The Home for aged Baptists (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Mary A. Hall

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John W. Hall

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

7. Birth date of deceased Jan. (Month) 4 (Day) 1859 (Year)

8. AGE: Years 83 Months 10 Days 29 If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Thomas D. Owen
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jno. H. Burney

(b) Address Ironton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation Whiteside Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 12-11-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1942 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 28th, 1942 to Dec. 3rd, 1942 that I last saw her alive on Dec. 3rd, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Cardiac Failure	12/3/42
Due to chronic myocarditis	??
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	
Major findings: Of operations none	
Of autopsy —	

93d

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 R. E. Harland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 12/8/42

1283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 143 — 1581

Date Filed 1-7-43.

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 Purcel J. White

Licensed Embalmer No. 3012

P. O. Address Boston Me.

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, above space should be left blank.