. S. No. 2
0M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1462

Registration District No. 16 Primary Registration District No. 5075 Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution: /
(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 of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Rural, Golden City, MO. R.F.D 0
(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 0

3. (a) PRINT FULL NAME Monte. L. Mabee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March 24th, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	9	2	hr. min.

9. Birthplace Golden City, MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name W. F. Mabee
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elvira Landers 4
15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elvira Mabee
(b) Address Golden City, MO.

17. (a) Burial (b) Date thereof 12-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Golden City Cem

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Dec 28th (b) Gladys Kellerman
(Date received local registrar) (Registrar's signature)

1142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26th
year 1942 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 15, 1942, to Dec 26, 1942
that I last saw him alive on Dec 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia

Due to

Due to Influenza

Other conditions
(Include pregnancy within 3 months of death)

107

Major findings:
Of operations

Of autopsy

Duration

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 C. E. Duckett (M. D. or other) M.D.
Address Lamar Mo. Date signed 12/28/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 143-52
Date Filed JAN 15 1943

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 R. W. Pence

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.