

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1464

State File No.

Registration District No. 20

Primary Registration District No. 4031

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian
(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 63 years (Specify whether years, months or days)
In this community 63 years

3. (a) PRINT FULL NAME MARY ELIZABETH ALLEN

3. (b) If veteran, name war ✓ 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lawrence Rice 6. (c) Age of husband or wife if alive 15 years (Month) (Day) (Year)
7. Birth date of deceased April 15 1854 (Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Cooper les. O Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William H. Cooper
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Nancy Hutchison
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Whitman Allen

(b) Address Adrian Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Everest Hill Cem

18. (a) Signature of funeral director Creath & Co

(b) Address Adrian

19. (a) 12-12-42 (Date received local registrar) (b) Blanchett (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian (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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1942 hour 8 minute 5 P.M.

21. I hereby certify that I attended the deceased from Nov 18 1942 to Nov 23 1942

that I last saw him alive on Nov 23 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis hypertension

Due to Age

Due to 13/a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 E. E. Robinson (M. D. or other)

Address Adrian Mo Date signed 12-12-42

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

1299

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.