

DM-542
5-17-39
X32873

Dr. D. C. McLean
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3021

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No. 92943

Primary Registration District No. 5908

Registrar's No. 5

78
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Holland Holland 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 32 Years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Holland
(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 Josephine Choat

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th
year 1942 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased December 12, 1855
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87 6 _____ hr. _____ min.

Immediate cause of death Nephritis

Due to _____

9. Birthplace Polk County Illinois
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 130

11. Industry or business None

Major findings: Of operations _____

12. Name My Weeks

Of autopsy _____

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Meeks

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Davis

(b) Address Cairo, Illinois

17. (a) Burial (b) Date thereof 12 19 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lester Cemetery

18. (a) Signature of funeral director German Unit. Co.

(b) Address Steele, Missouri

19. (a) 2-2-43 (b) E. Edinbaugh
(Date received local registrar) (Registrar's signature)

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) _____ Means of injury _____

23. Signature D. C. McLean (M. D. or other)

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1207

1-36-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.