

No. 2
5-42
1939
U.S. GOVERNMENT
PRINTING OFFICE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5585

MAR 8 1943 10

State File No.

Registration District No.

Primary Registration District No. 3002

Registrar's No. 23

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town MEXICO
(c) Name of hospital or institution: ANDRAIN Co. Hspital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution about 12 hours
(Specify whether in this community years, months or days) King's Daughters Home 9/7/6

3. (a) PRINT FULL NAME Mrs. Mimmie Givens

3. (b) If veteran, name war 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 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Apr. 5 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 4 hr. min.

9. Birthplace OK 9
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name R. G. Grubb
13. Birthplace OK 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Grubb
15. Birthplace OK 9
(City, town, or county) (State or foreign country)

16. (a) Informant King's Daughters Home

(b) Address Mexico Mo

17. (a) Burial (b) Date thereof Feb. 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo.

18. (a) Signature of funeral director Mrs. Patricia Brown

(b) Address Mexico Mo

19. (a) 2/14/43 (b) Margaret H Mackie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 4
(c) City or town Mexico Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. King's Daughters Home 2
(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 Feb day 12
year 43 hour 7:30 minute M.

21. I hereby certify that I attended the deceased from Feb 11-43
19..... to Feb 12, 19.....
that I last saw her alive on Feb 12, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic degenerative myocarditis with cardiac failure
Duration 8 days

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 930

Major findings:
Of operations none
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) none
(b) Date of occurrence —
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

23. Signature Henry J. Okunek (M. D. or other)
Address Mexico Mo Date signed 2-12-43

1078 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-43-437

Date Filed 8/10/23

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

Roy A. McPherson

Licensed Embalmer No. 11383

P.O. Address Myrtle 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.