S. No. 2
M—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 MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6076

Registration District No. 69 Primary Registration District No. 5270 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural- Lincoln 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 years, months or days)
In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. Billings, R#1.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Cynthia Bussard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec.5, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Taney Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business .....

FATHER
12. Name John Jackson
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Iva Phillips,
(b) Address Billings, Mo. R#1

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 43
(Month) (Day) (Year)
(c) Place: burial or cremation Patterson cemetry

18. (a) Signature of funeral director T.W. Maples,
(b) Address Clever, Mo.

19. (a) Feb 23, 1943 (Date received local registrar) (b) Mary F. Spears (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw her alive on 2-18-43, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to myocarditis

Due to chronic

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

Major findings:
Of operations .....

Of autopsy .....

93

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 C Mitchell Jr DO (M. D. or other)

Address Republic Mo Date signed .....

1249

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 343-310
Date Filed MAR 5 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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.