S. No. 2
OM—5-42
5-17-39
P1 X32879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6519

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 44

46
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0

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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Mountain View, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State Missouri (b) County Howell 0
(c) City or town Mountain View, Mo 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 Mortimer D. South

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 24th (Day) 1860 (Year)

8. AGE: Years 82 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Marion Co. Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Alta Blankenship
(b) Address Wichita, Kans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 18 (Day) 43 (Year)
(c) Place: burial or cremation Grace Church Cem,

18. (a) Signature of funeral director John F. Duncan
(b) Address Mountain View, Mo

19. (a) 2/20/43 (Date received local registrar) (b) 2/20/43 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th
year 1943 hour 10 minute 30 am.

21. I hereby certify that I attended the deceased from 2-14- 1943 to 2-15- 1943
that I last saw him alive on 2-15- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

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. R. Terrill (M. D. or other)
Address Mtn. View, Mo. Date signed 2/20/43

1105

(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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mtn View 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.