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7014

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 12 1943

Registration District No. 2

Primary Registration District No. 4322

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Merced

(b) City or town Princeton

(c) Name of hospital or institution: Artell

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Merced

(c) City or town Merced

(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 _____

3. (a) PRINT FULL NAME Sarah E. Wells

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

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 2 1863

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Mo

(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER, FATHER

12. Name Stinson

13. Birthplace unknown

(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Wells

(b) Address Merced Mo

17. (a) Burial (b) Date thereof Feb 2 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Early

18. (a) Signature of funeral director Paul Moss

(b) Address Princeton Mo

19. (a) 2/3/43 (b) Jessie Alley

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31

year 1943 hour 2:39 minute _____ A. M.

21. I hereby certify that I attended the deceased from January 25 1943 to Jan 31 1943; that I last saw her alive on January 31 1943; and that death occurred on the date and hour stated above.

Immediate cause of death shock

Due to fracture of lower one third of left side

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 065

(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 Byron J. Artell (M. D. or other) D.O.

Address Princeton, Mo. Date signed 2-1-43

Duration

1 wk.

1 wk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul Moss*

Licensed Embalmer No. *2634*

P. O. Address *Conneton 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7014
Registrar's No. _____

Registration District No. _____

Primary Registration District No. 4322

1. PLACE OF DEATH:
(a) County Merced
(b) City or town Princeton
(c) Name of hospital or institution: Astell Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 ds (Specify whether
In this community life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Merced
(c) City or town Merced
(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 _____

3. (a) PRINT FULL NAME Sarah E Mills
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Jan Day 3 Year 1942 hr. _____ min. _____ M.
21. I hereby certify that I attended the deceased from _____ 19____
that I first saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION
Due to fracture of lower 1/3rd on left side
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) accident
(b) Date of occurrence 1-24-43
(c) Where did injury occur? Mercer-Mercer-Missour
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? no (Specify type of place)
from chair (e) Means of injury fell
23. Signature Byron J Astell (M. D. or other) DO
Address Princeton, MO Date signed 4-5-43

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

SUPPLEMENTARY

MOTHER FATHER

