

S. No. 2
M-9-4-41
5-17-39
X2949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7298

State File No.

FILED FEB 15 1943

Registration District No. 2887

Primary Registration District No. 4425

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Polk Tracy

(b) City or town Morrisville Morrisville

(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 none years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Morrisville
(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 0

3. (a) PRINT FULL NAME MARIE ANN ROARK

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 widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased March 11 1853
(Month) (Day) (Year)

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

89 9 19 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name James Degraffenried

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

14. Maiden name Sarah Linder

15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss A. Frankie Degraffenried

(b) Address Morrisville Mo.

17. (a) Burial (b) Date thereof Dec 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon cemetery

18. (a) Signature of funeral director Oby Gester & Hutchins

(b) Address Bolivar Mo.

19. (a) Jan-15-1943 (b) Hillard Dickison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 1853 to Dec 30 1942
that I last saw her alive on Dec 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertensive myocarditis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 93d

Major findings:
Of operations

Of autopsy

Duration 5-6 yrs

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Doyle C McCran (M. D. or other)

Address Bolivar Mo. Date signed

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RECEIVED

District Health Officer No. 7,

District File Number 1-43-98

Date Filed 2-8-43

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

O. J. Ester

Licensed Embalmer No. 4154

P. O. Address Bolinas 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: