

S. No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11786

FILED APR 8 1943
366
Registration District No. _____

Primary Registration District No. 6242

State File No. _____

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Washington

(b) City or town rural - Kingston

(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. Bliss
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Susan Partney

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1943 hour 7 minute 6 P.M.

4. Sex 7-1

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 10 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 10 1943 to Mar 10 1943; that I last saw her alive on Mar 10 1943 and that death occurred on the date and hour stated above.

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

0 2 0 3 hr. 0 min.

Immediate cause of death Premature birth

Due to _____

Due to _____

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

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

10. Usual occupation none

11. Industry or business _____

12. Name John Partney

13. Birthplace Washington Mo.
(City, town or county) (State or foreign country)

14. Maiden name Mary Ella Decker

15. Birthplace Washington Mo.
(City, town or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Partney

(b) Address Bliss, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Richwoods, Mo.

18. (a) Signature of funeral director none

(b) Address Richwoods, Mo.

19. (a) 3-22-1943 (Date received local registrar) (b) Joseph L. Fleeman (Registrar's signature)

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? _____ (a) Means of injury _____

23. Signature J. J. Engelstein (M.D. or other) DO.
Address Bliss, Mo. Date signed 3-11-43

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

806 (Licensed Embalmer's Statement on Reverse Side)

RECORDED

District Health Officer No. 4
District File Number 443-2019
Date Filed 4-7-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.