

S. No. 2
4-1-441
5-17-39
I

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14291

State File No. _____
Registrar's No. 317

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 10 1943 128
Registration District No. 318

Primary Registration District No. 2000

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

39
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution Springfield Baptist Hospital
(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 Lawrence
(c) City or town Mt. Vernon
(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 Mary Maude Cherry
(b) If veteran, name war None
(c) Social Security No. None
(d) Sex Female
(e) Color or race White
(f) Marital status Single
(g) Name of husband or wife None
(h) Age of husband or wife if alive XX years
(i) Birth date of deceased Dec 01 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 22 year 1943 hour 6:15 minute P M.
21. I hereby certify that I attended the deceased from Apr 19 1943 to Apr 23 1943 that I last saw him/her alive on Apr 22 1943 and that death occurred on the date and hour stated above.
Immediate cause of death Subarachnoid Hemorrhage
Duration _____

8. AGE: Years 70 Months 3 Days 21 If less than one day _____ hr. _____ min.

Due to _____
Due to 1230
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Mt. Vernon Mo (City, town or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____
12. Name William E Cherry
13. Birthplace Lawrence Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Clara Jane Williams
15. Birthplace Lawrence Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Frank Cherry
(b) Address Mt. Vernon Mo
17. (a) Funeral (b) Date thereof Apr 22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon Mo
18. (a) Signature of funeral director Geo B Orr
(b) Address Mt. Vernon Mo
19. (a) 4-22-43 (b) S. W. E. Handley (Date received local registrar) (Registrar's signature)

Major findings: Subarachnoid hemorrhage
Of operations _____
Of autopsy _____
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 E. L. Roseberry (M. D. or other) _____
Address Springfield, Mo Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

984

(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.....

Geo. B. Orr

Licensed Embalmer No. *946*

P. O. Address.....

2nd Union St. No.

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.

X