

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15768

State File No.

Registration District No. 370

Primary Registration District No. 6256

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town McGee, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) (Specify whether

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne

(c) City or town McGee
(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 L James

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race W

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: October 29th 1962
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1943 hour 11 minute..... M.

21. I hereby certify that I attended the deceased from 3-1 1943 to 3-16 1943
that I last saw her alive on 3-1 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>16</u> hr. min.

Immediate cause of death Cerebral hemorrhage

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

Duration.....

9. Birthplace Lutesville, MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER

12. Name Thomas Baker

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

14. Maiden name Wray

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant B. B. Crites

(b) Address McGee Mo

17. (a) BURIAL (b) Date thereof 3-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo

19. (a) Apr 4 1943 (b) Fuey Bennett
(Date received local registrar) (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?.....

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

23. Signature Tom Hensch (M. D. or other).....

Address 8713 31st St Date signed.....

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

11
00

1222

(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... *J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address. *Lutesville, 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.