

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X3287

17722

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 14 1943
Registration District No. _____

Primary Registration District No. 5357

Registrar's No. 55

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

1. PLACE OF DEATH:

(a) County Daviness Co

(b) City or town Benton Jump R.R. 2
(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)

In this community most of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Salinda Bardrick

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 James Bardrick Deed 6. (c) Age of husband or wife if alive _____ years

Birth date of deceased Mar 26 - 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 5 if less than one day _____ hr. _____ min.

9. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housekeeper

MOTHER FATHER { 12. Name David Frazier

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

14. Maiden name Ruth Ann Maxwell

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Frazier

(b) Address Pattonsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-43
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director G. Groner

(b) Address Pattonsburg Mo

19. (a) 2-6-1943 (Date received local registrar) (b) L. O. Dickson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviness

(c) City or town Pattonsburg R.R. 2
(If outside city or town limits, write "RURAL")

(d) Street No. RR #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1943 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-20-43, 19____, to 5-1-43, 19____; that I last saw h. 29 alive on 5-1-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 L. P. Knight (M. D. or other) _____

Address Pattonsburg Mo. Date signed 5-5-43

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 E. S. Grover

Licensed Embalmer No. 2857

P. O. Address Pattersonburg 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.