

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JUL 31 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1700 S. First
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Life time years, months or days

3. (a) PRINT FULL NAME MARY EVERHART

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

4. Sex F 5. Color or race W. 6. (a) Single, (widowed) married, 2 divorced W.

6. (b) Name of husband or wife Samuel B. 6. (c) Age of husband or wife if alive, years —

7. Birth date of deceased Feb 3 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Invalid

11. Industry or business

12. Name Amos Bailey Mo

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

14. Maiden name Wagner (City, town, or county) (State or foreign country)

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

16. (a) Informant Glenn Everhart (b) Address Kirkville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 22 43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cem.

18. (a) Signature of funeral director Summers Powell (b) Address Kirkville Mo

19. (a) 6/24/43 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair
(c) City or town Kirkville (If outside city or town limits, write "RURAL")
(d) Street No. 1700 S. First (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1943 hour 5 minute 56 M.

21. I hereby certify that I attended the deceased from 1-1-43 to 6-20-43 that I last saw her alive on 6-19-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterial hypertension

Due to —

Other conditions (Include pregnancy within 3 months of death) 820

Major findings: 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 P. R. Green (M. D. or other)

Address Kirkville Date signed 6-22-43

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

RECEIVED

District Health Officer No. 10

District File Number 7-43-1181

Date Filed JUL 30 1949

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 W. E. Summer

Licensed Embalmer No. 2159

P. O. Address Richsville

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.