

S. No. 2
M-5-42
7-5-17-39
VI 1942

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 7 1942

Registration District No. 62

Primary Registration District No. 5239

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
(Specify whether XXX)
In this community XXX
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Rural-Linn Township
(If outside city or town limits, write "RURAL")
(d) Street No. XXX (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME Jean Carol Bough

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased Nov. 12, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 14 XXXXXX min.

9. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XXXXXXXX

11. Industry or business XXXXXXXX

MOTHER FATHER { 12. Name Clyde Bough
13. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mabel Rosenbaum
15. Birthplace Cedar County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Bough
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Gam Springs

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 7-2-43 (Date received local registrar) (b) Mrs. E. H. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from July 22, 1943 to July 25, 1943
that I last saw her alive on July 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral meningitis
Duration 5da

Due to ...
Due to ...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 6
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 Wm B Richter (M. D. or other)
Address Stockton Date signed 7-26-43

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

20
00

RECEIVED

District Health Officer No. 7,

District File No. 7-43-778

Date Filed 8-6-43

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 *Melvin Churkin*

Licensed Embalmer No. 327

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.