

No. 2  
4-13-40  
5-17-39  
1 X23

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25425

Registration District No. 183

Primary Registration District No. 4296069N

Registrar's No. 26

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Browning Rural  
(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  
In this community 40 years (Specify whether years, months or days)

USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn  
(c) City or town Browning Rural  
(If outside of city or town limits, write "RURAL")  
(d) Street No. Jackson Twp.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mary Havens  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 29 year 1943 hour 1 minute 45 M.

4. Sex Female Color or race White  
5. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife James M. Havens  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Aug 8 1887 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1941 to July 29 1943 that I last saw her alive on July 15 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 11 Days 21 If less than one day by min.

Immediate cause of death: Coroneria of uterus, a metastasis generalized 23 years

9. Birthplace Sweetwater Texas (City, town, or county) (State or foreign country)

Due to: Determined by pathological  
Due to: diagnosis following surgery

10. Usual occupation at home on farm

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

MOTHER FATHER  
11. Industry or business  
12. Name William James Pittman  
13. Birthplace Miss.  
14. Maiden name Hannah Dixon  
15. Birthplace Ga.

Major findings: Of operations J & P  
Of autopsy  
Underline the cause to which death should be charged statistically.

16. (a) Informant James M. Havens  
(b) Address Browning Mo.  
17. (a) Burial, cremation, or removal buried  
(b) Date thereof Aug 1, 1943 (Month) (Day) (Year)  
(c) Place: burial on cremation local cemetery

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?

18. (a) Signature of funeral director [Signature]  
(b) Address Milon, Mo. (Frank)  
19. (a) Aug 6 1943 (Date received local registrar)  
(b) Mrs C C Wood (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature J. R. Martin (M. D. or other)  
Address Browning Mo Date signed

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

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**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

*Frank D. Schpe*

Licensed Embalmer No. *2016*

P. O. Address *Milan, W*

**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.**