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5-17-39  
X32873

25663

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 17 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:  
Armstrong Nursing Home - 1120 N. Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community twenty eight years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville  
(If outside city or town limits, write "RURAL")

(d) Street No. 123 N. Charles  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Henry Mounts

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2 - 19 - 65  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation farm hand

11. Industry or business none

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Valada Salmon

(b) Address 803 N. Fillmore, Maryville, Mo

17. (a) burial (b) Date thereof 6-13-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worthman Chapel

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

(b) Address 951 S. Main St. Maryville, Mo

19. (a) 6-15-49 (b) Mary Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1943 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 4  
1943 to June 11 1943  
that I last saw him alive on June 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach  
Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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 W. J. Ferguson (M. D. or other) \_\_\_\_\_

Address Maryville, Mo Date signed 6-12-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William Campbell  
Licensed Embalmer No. 2620  
P. O. Address Wayville, 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.**