

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 52

FILED AUG 9 1943

Registration District No. 270

Primary Registration District No. 5909

1. PLACE OF DEATH:

(a) County Boonville

(b) City or town Boonville Mo R1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: "Rural" Little Miami
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Boonville

(c) City or town Boonville Mo R1
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Gray

3. (b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1943 hour _____ minute _____ M.

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased OK
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 1943 to July 15 1943 that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above

Immediate cause of death: Cancer of cervix

8. AGE: Years About 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Dont know (City, town, or county) (State or foreign country)

10. Usual occupation Hard work

Duration Eye

Due to _____

Due to 480

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

11. Industry or business _____

12. Name Dont know

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

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Joseph Lawrence

(b) Address Boonville Mo R1 - Box 280

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

(c) Place: burial or cremation Elm Grove cemetery

18. (a) Signature of funeral director H. Smith

(b) Address Caruthersville, Mo

19. (a) 7-16-1943 (Date received local registrar) (b) Jessie W. Marney (Registrar's signature)

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 Boonville (M. D. or other) _____

Address Boonville, Mo. Date signed 7-18-43

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

28
00

1206

7-43-248

Handwritten notes and scribbles at the top right of the page.

Handwritten notes and scribbles in the middle right section.

Handwritten scribble in the middle left section.

Handwritten scribble in the middle right section.

Handwritten notes and scribbles at the bottom right of the page.

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.....

Licensed Embalmer No.....

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.