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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 9 1943

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 116

18
0
0

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: State Hospital 2 Nevada Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs & 5 days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 108 0

(c) City or town Carterville 0 (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 — 0

3. (a) PRINT FULL NAME Jane Bayless ~~Harriett~~ HARRIETT

3. (b) If veteran, name war Mother

3. (c) Social Security No. None

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan (Month) 17th (Day) 1865 (Year)

8. AGE: Years 78 Months 6 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Eli Riddle
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Augusta Coons
15. Birthplace (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Mo.

19. (a) 7-27-43 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1943 9 hour 40 minute A. M.

21. I hereby certify that I attended the deceased from July 18th, 1940, to July 25th, 1943 that I last saw her alive on July 25th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility with Psychosis

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

162a

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. S. Waraich (M. D. ~~or other~~)

Address Nevada, Mo Date signed 7/28/43

1551 (Licensed Embalmer's Statement on Reverse Side)

Hazel Beavich
114 1/2 W Walnut

RECEIVED
District Health Officer No. 7
District File Number 7-43-833
Date Filed 8-7-43

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 C. W. Hedgel

Licensed Embalmer No. 2859

P. O. Address Sikeston 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.