

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27526

State File No. \_\_\_\_\_

FILED SEP 4 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5102

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Benton

(b) City or town "Rural" Fristoe Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mettie Christy

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Noah A. Christy 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 24 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Mar 15 1920, to Aug 23 1943, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
66	7	29	hr. _____ min.

Immediate cause of death: Septicemia Duration 4 days

Due to: Streptococci infection 8 days

Due to: Lymphangitis year

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name John E. Duckworth

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

14. Maiden name Nancy Clanton

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

Major findings: 24a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Noah Christy

(b) Address Wars Warsaw, Mo.

17. (a) Burial (b) Date thereof Aug. 25, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home 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 White-Reser

(b) Address Warsaw, Mo.

19. (a) 8/24/43 (b) Jas. P. Logan  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify place of place)

(c) Means of injury ---

23. Signature James P. Logan (M. D. or other) MD

Address Warsaw, Mo. Date signed 8/24/43

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

RECEIVED

District Health Officer No. 7;  
District File Number 8-43-854  
Date Filed 9-2-43

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3053

P. O. Address Warsaw, 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, above space should be left blank.