

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31075

FILED OCT 7 1943

Registration District No. 10

Primary Registration District No. 3002

State File No.

Registrar's No. 122

1. PLACE OF DEATH

(a) County. Audrain
(b) City or town. Mexico, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 mo.
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Fannie C. Barre

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race. W.

6. (a) Single, widowed, married. Divorced Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased. March 15, 1867
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

76

5

17

hr.

min.

9. Birthplace. Waynesburg, Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business

12. Name. William Smith

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

14. Maiden name. Elizabeth Patterson

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

16. (a) Informant. Wm T. Barre

(b) Address. Aux Vasse, Mo.

17. (a) Burial, cremation, or removal. Burial (b) Date thereof. Sept 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation. Elmwood Cemetery

18. (a) Signature of funeral director. Hughes Manning

(b) Address. Aux Vasse, Mo.

19. (a) Aug - 13 - 43 (b) Margaret H. Machin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Callaway
(c) City or town. Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2nd
year 1943 hour 3 minutes 55 P. M.

21. I hereby certify that I attended the deceased from May 20, 1942, to 9-2-43, that I last saw him alive on 9-2-43, and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of squamous cell type

Due to. General body nodules of cancer

Due to. Original cancer of rectum

Other conditions. (Include pregnancy within 3 months of death) Operation

Major findings. Adenocarcinoma of rectum

Of operations. Colostomy

Of autopsy. No autopsy

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?

While at work (Specify type of place) (e) Means of injury

23. Signature. J. H. Anderson (M. D. or other) Address. Mexico, Mo. Date signed. 8-2-43

RECEIVED

District Health Officer No. 10

District File Number 10-43-1625

Date Filed OCT--6-1949--

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.....

Hughes Manpius
2358

Licensed Embalmer No.....

P. O. Address.....

Aux Vasee, 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.