

FILED OCT 9 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 4256

Registrar's No. 37

1. PLACE OF DEATH:

(a) County JOHNSON
(b) City or town HOLDEN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WEST HOLDEN MISSOURI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 61 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON
(c) City or town HOLDEN MISSOURI
(If outside city or town limits, write "RURAL")
(d) Street No. WEST 5TH ST CHARLES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 24
year 1943 hour 8:20 minute A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death SCHIRMOUS - INFIETRATING CARCINOMA OF THE BREAST AND AXILLA

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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 Edward Anderson M.D. (M.D. or other) _____

Address Holden mo Date signed 9-25-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MARY E. SMITH

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

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 AUGUST 16 1882
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace HOLDEN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name HENRY C. ROSE

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

14. Maiden name MARY JONES

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

16. (e) Informant IRA SMITH

(b) Address HOLDEN MISSOURI

17. (a) BURIAL (b) Date thereof SEPT 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN CEMETERY

18. (a) Signature of funeral director CANADAY W. ROPP

(b) Address HOLDEN MISSOURI

19. (a) 9-30-43 (b) Mrs. Frank Morrow
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

OCT 13 1949

RECEIVED
CITY CLERK
FILE NO. 10-8-42
MOR. No. 1

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..... *M. L. Canaday*
Licensed Embalmer No. *3434*
P. O. Address. *Folder, Mrs.*

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.