

No. 2
2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32309

State File No. _____

Registration District No. 280

Primary Registration District No. 4423

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

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

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

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

3. (a) PRINT FULL NAME Mary E. How Bless

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife B. J. Bless

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

7. Birth date of deceased September 28 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>10</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Baltazaar How

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

14. Maiden name Eva Marie How

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

16. (a) Informant B. J. Bless Jr.

(b) Address Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25/43
(Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Cem.

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) 9-1-43 (Date received local registrar) (b) Mrs. Clay Liffie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1943 hour 5 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 14, 1943 to August 22, 1943
that I last saw her alive on August 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 5 yrs.

Due to Senile degeneration

Due to XXXXXXXXXX

Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations none

Of autopsy none

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) natural death

(b) Date of occurrence XXXXXX

(c) Where did injury occur? XXXXXX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXXXX

While at work? XXXX (Specify type of place) (e) Means of Injury XXXXX

23. Signature Lewis C. Palmer (M. D. _____)
Address Weston, Missouri Date signed 9/24/43

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

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte
District File Number 10-43-82
Date Filed 10-1-43

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 W. R. Vaughan

Licensed Embalmer No. 4023

P. O. Address Weston, 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.