

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35527

State File No.

FILED NOV 4 1943

Registration District No. 280

Primary Registration District No. 4419

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Dearborn Missouri
(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 None
(Specify whether years, months or days)

In this community 81 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Dearborn Missouri
(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 0

3. (a) PRINT FULL NAME Maggie Siner

3. (b) If veteran, name war None

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1943 hour 2 minute 4 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Husband deceased

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

7. Birth date of deceased July 4th. 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1943 to Oct 29 1943
that I last saw her alive on Oct 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Duration 3 years

8. AGE: Years Months Days If less than one day

31 2 25 hr. min.

Due to Carcinoma of breast

Due to

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

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

10. Usual occupation House keeping

Major findings: Of operations

11. Industry or business None

Of autopsy

12. Name Joseph Ferguson

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

14. Maiden name Susan Barnard

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

16. (a) Informant Chas Siner

(b) Address Dearborn Missouri

17. (a) Burial, cremation, or removal Burial (b) Date thereof 10/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Dearborn Cemetery

18. (a) Signature of funeral director Lucian Davis

(b) Address Dearborn, Missouri

19. (a) 10/30/43 (b) Mrs Clay Siffer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

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

23. Signature Mrs M J Siffer (M. D. or other)
Address Oct 30 1943 Date signed Oct 30/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1209

(Licensed Embalmer's Statement on Reverse Side)

Dearborn mo.

RECEIVED

District Health Officer No. Platts
District File Number 11-43-98
Date Filed 11-2-43

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Reuben Davis

Licensed Embalmer No. 4160

P. O. Address Dearborn, 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.