

36051

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 5 1943

Registration District No. 362

Primary Registration District No. 6234

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Elkhorn, Mo.
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren ¹³⁹

(c) City or town Rural Elkhorn
(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.? _____ years.

8. (a) PRINT FULL NAME Mary Todd

8. (b) If veteran, name war. _____

8. (c) Social Security No. _____

4. Sex F 5. Color or race W.

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

6. (b) Name of husband or wife Henry Todd

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

7. Birth date of deceased 3/15 Unknown
(Month) (Day) (Year)

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

Unknown

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Harmer Brown

13. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Grace Ann

15. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. F. Vespering

(b) Address W. North City, Mo.

17. (a) Burial (Burial, cremation, or disposal) (b) Date thereof 10/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation Country Farm Cl.

18. (a) Signature of funeral director Arthur J. & Co

(b) Address W. North City, Mo.

19. (a) Oct. 11 1943 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1943 hour _____ minute 7 P. M.

21. I hereby certify that I attended the deceased from Oct 7 to Oct 7 1943 that I last saw her alive on Oct 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Miscodity and Oblique Nephritis and Septicemia

Due to Septicemia

Due to _____

Other conditions Abdominal Dropsy, etc.
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ Of autopsy ✓

PHYSICIAN _____

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 W. H. Dyer (M. D. or other) _____
Address Warrens, Mo Date signed 10/7/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.