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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39340**
Registrar's No. **22**

FILED DEC 9 1943
Registration District No. **292**

Primary Registration District No. **6193**

1. PLACE OF DEATH:
(a) County **TANEY**
(b) City or town **KIRBYVILLE, MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Quincy Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **TANEY**
(c) City or town (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

3. (a) PRINT FULL NAME **BONNIE MARIE PRIDE**
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **17** year **1943** hour **12:45** minute **M.**
21. I hereby certify that I attended the deceased from **Oct 17th**, 1943, to **Oct 1943**, 19...
that I last saw him alive on **Oct 17, 1943**, 19...
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **JOE PRIDE** 6. (c) Age of husband or wife if alive **20** years
7. Birth date of deceased **APRIL 28 1929**
(Month) (Day) (Year)

Immediate cause of death **Calomel poisoning**
Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death) **148a**

8. AGE: Years Months Days If less than one day
14 7 20 hr. min.

9. Birthplace **KIRBYVILLE MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **GEORGE L. CHRISTIAN**

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

14. Maiden name **EMMA LYN LYN**

15. Birthplace **TANEY MO** (City, town, or county) (State or foreign country)

16. (a) Informant **FRANCIS MAY DAVIS**

(b) Address **KIRBYVILLE MO**

17. (a) **Mincy Burial** Date thereof (Month) (Day) (Year)
(b) Place: burial or cremation **Mincy, MO**

18. (a) Signature of funeral director **WELSH HELL**

(b) Address **BRANSON MO**

19. (a) **Nov. 1, 1943** (Date received local registrar) (b) **Mary Muller** (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
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) (c) Means of injury
23. Signature **Mary Muller** (M.D. or other)
Address **Branson, Mo.** Date signed **11/17/43**

RECEIVED

District Health Officer No. 8,
District File Number: 1143-1286

Date Filed: NOV 20 1913

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

Embalmer

Registered Apprentice No.

working under my personal supervision.

Signed

Minnie L. Wheeler

Licensed Embalmer No.

2277

P. O. Address.

Branston

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.

Registration District No. 352

Primary Registration District No. 6193

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

1. PLACE OF DEATH:

(a) County Janey

(b) City or town White Sulphur Springs (If outside city or town limits, write "RURAL" and name of township) mo.

(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) County mo.

(b) County Janey

(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 _____

3. (a) PRINT FULL NAME Bonnie Marie Pride

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased April 28 1943

(Month) (Day) (Year)

8. AGE: Years 14 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 28 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Duration

Due to _____

Due to _____

Other conditions _____ (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 _____

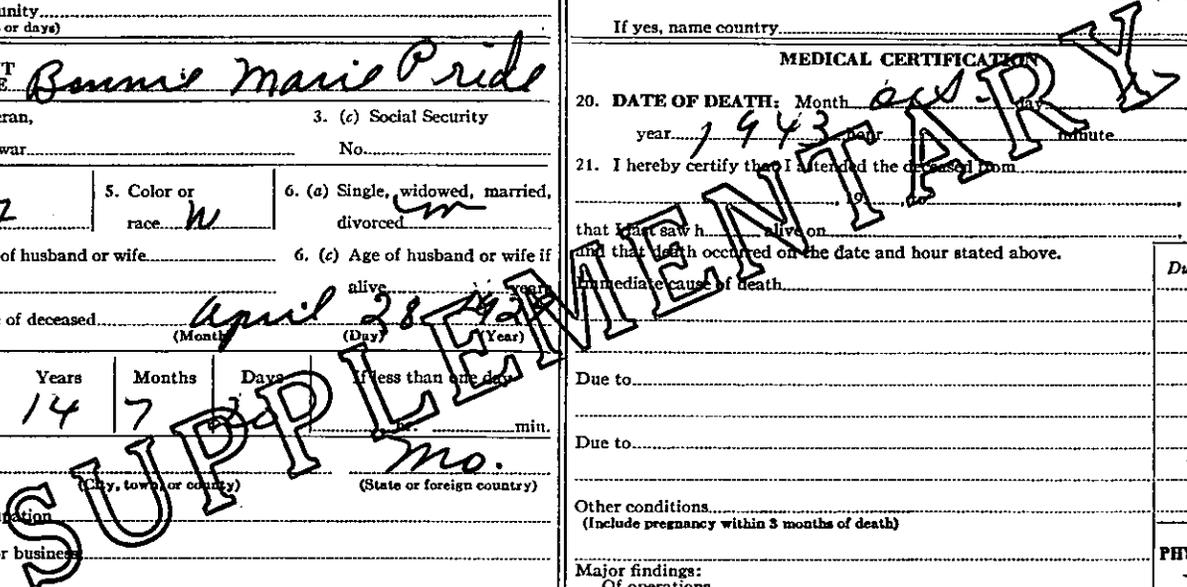
(c) Where did injury occur? _____ (City or town) (County) (State)

(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 _____ (M. D. or other) _____

Address _____ Date signed _____



S-39343