

S. No. 2
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5-17-39
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42827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 14 1943
Registration District No. 123

Primary Registration District No. 4298

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Linneus
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Linneus
(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 Byrd Elizabeth Cherry

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Cherry 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased December 22 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>0</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Hugh McCormick

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

14. Maiden name Hattie E. Haymaker

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

16. (a) Informant Mrs. E. L. Clemons
(b) Address Linneus, Mo.

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F., Linneus, Mo.

18. (a) Signature of funeral director Thorne Undt. Co.
(b) Address Linneus, Mo. (St. Taylor)

19. (a) 12/31 43 (b) Mrs. E. C. Woolf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th
year 1943 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 15 to Dec 26, 1943
that I last saw her alive on Dec 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
Duration 4 days

Due to _____

Due to _____

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

Major findings: Of operations 92a

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. S. Willis (M. D. or other) W.S.
Address Linneus Date signed 12/27/43

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

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Dorr A Taylor

Licensed Embalmer No.....

3761

P. O. Address.....

Linneus, 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.