

FILED DEC 17 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40965
Do not use this space.

1. PLACE OF DEATH
(a) County Shannon Registration District No. 336
(b) Township Shannon Primary Registration District No. 628 Registered No. _____
(c) City Emmence, Mo. (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lou Counts
(a) Residence, No. _____ St. (If nonresident, give city or town and State) 1
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Washington Counts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1880
7. AGE YEARS 53 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emmence, Mo.
13. NAME Wm Nichols
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Mag Newton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT L. W. Counts (ADDRESS) Emmence Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Chapel DATE 11/9/48
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunlap Mt View Mo.
20. FILED 11-17-48 Frank R. D. M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/48 1948
22. I HEREBY CERTIFY, That I attended deceased from you 1948, to Nov 8 1948
I last saw her alive on Nov 1 1948 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset 1-1-43
Other contributory causes of importance: 93A
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. T. Gudy _____, M. D.
(Address) Emmence, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

RECEIVED

Sanitary Health Officer No. 5,
No. 1243715-
File No. 12-75-43

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.....

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.