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X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

Registration District No. 175

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 154

Primary Registration District No. 4275

3370

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Methodist Home for Aged 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 100

(c) City or town Sikeston, 5
(If outside city or town limits, write "RURAL") 2.

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Hoffman

3. (b) If veteran, name war U V

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1943 hour 1 minute A M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife not known

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

7. Birth date of deceased Nov. 2, 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the decedent from Nov. 28, 1943 to Dec 2, 1943 that I last saw her alive on Dec 1, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 1 Days _____ If less than one day hr. _____ min.

Immediate cause of death Chronic glomerulonephritis?

Due to Senility

Due to _____

Other conditions 1318
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name not known

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

14. Maiden name not known

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. J. W. Hevey Supt.

(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford

(b) Address Marionville, Mo.

19. (a) 12-3-1943 (Date received local registrar) (b) Cunice Evans (Registrar's signature)

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 2

23. Signature Wayne Weaver (M. D. or other) DO

Address Marionville, Mo Date signed 12/3/43

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6, ...

District File Number 144-49

Date Filed 1-11-44

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JAN 11 1944
FBI - CHICAGO

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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 *Herman M. Lumsden*
..... Licensed Embalmer No. 3072
..... P.O. Address Aurora 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.