S. No. 2
M—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4839

Registration District No. 379 FILED FEB 14 1944 Primary Registration District No. 6287 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Pleasant Valley Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 Miles NW. of Mansfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Pleasant Valley Twp-Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles NW. of Mansfield
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Tarbutton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Tarah Tarbutton

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Apr (Month) 16 (Day) 1888 (Year)

8. AGE: Years 55 Months 8 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Harvey A. Ingalls
13. Birthplace ..... (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Leaona Evans
15. Birthplace I (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Francis Robinson
(b) Address Springfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cem

18. (a) Signature of funeral director F.A. Steffe
(b) Address Mansfield Mo

19. (a) Jan 6 1944 (Date received local registrar) (b) S. L. Hensley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1944 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec 29, 1943, to Jan 2, 1944, that I last saw her alive on Jan 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis of lungs	seven
Due to	
Due to Flu	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 bl

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Fuson (M. D. or other)

Address Mansfield Mo Date signed Jan 3 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 244-133
Date Filed FEB 8 1944

SEP 5 1944

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.