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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 16 1944

Registration District No. 169

Primary Registration District No. 4267

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Newark  
(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: 50 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Newark  
(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 Mary Elizabeth Hofen

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd  
year 1944 hour 2 minute 30 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife: ..... 6. (c) Age of husband or wife if alive: ..... years

7. Birth date of deceased: March 2nd 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from: Feb 11  
1944 to Feb 21st 1944

that I last saw her alive on: Feb 21 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>83</u>	<u>11</u>	<u>20</u>	hr. min.
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Immediate cause of death: Pneumonia in both lungs (Hypostatic type) of a cold and exposure

Due to: .....  
Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

9. Birthplace Linn Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business: .....

Major findings: 1110

Of operations: .....

Of autopsy: .....

MOTHER FATHER { 12. Name William Vance

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

14. Maiden name NOT KNOWN

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant George L Baker

(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 2/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Burial

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? .....

18. (a) Signature of funeral director: Mellian x Brubaker

(b) Address Shelbina Mo

19. (a) March 6-44 Nelle Northcutt  
(Date received local registrar) (Registrar's signature)

While at work? ..... (Specify type of place)

(e) Means of injury: .....

Signature: E. O. Holmes M. D. (Physician)

Address: Newark Mo Date signed: Feb 27-44

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

002

RECEIVED

District Health Officer No. 10

District File Number 3-44-648

Date Filed MAR 14 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 Neville A. Barkeloo

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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.