

No. 2
1-2-43
5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19374

FILED JUN 5 1944
Registration District No. 200

Primary Registration District No. 3076

Registrar's No. 74

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 516 N. Arch
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL") 108
(d) Street No. 516 N. Arch (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Rimmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19 year 1944 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from May 18, 1944 to May 19, 1944 that I last saw her alive on May 18, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. B. Rimmer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8, 1864 (Month) (Day) (Year)

Immediate cause of death Coronary occlusion. Duration Sudden

8. AGE: Years 80 Months 0 Days 11 If less than one day hr. _____ min. _____

Due to Don't know
Due to _____

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

Other conditions none (Include pregnancy within 3 months of death) 94a

10. Usual occupation Housewife

Major findings: Of operations none Of autopsy none PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant John Rimmer
(b) Address _____

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? ✓

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Chick's

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. B. Love (M. D. or other) MD
Address Nevada, Mo Date signed 5/19/44

19. (a) 6-1-44 (Date received local registrar) (b) Bozel B. Beurek (Registrar's signature)

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

1-331

RECEIVED

District Health Officer No. 7,

District File Number 5-44674

Date Filed 6-2-44

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 ME

Registered Apprentice No. _____

working under my personal supervision.

Signed W. H. Terry

Licensed Embalmer No. 1482

P. O. Address Nevada 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.

Registration District No. 360 Primary Registration District No. 3076

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

1. PLACE OF DEATH:
(a) County Wenon
(b) City or town Nevada
(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)

3. (a) PRINT FULL NAME Mary Ann Rimmer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8 1908
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days _____ (Unless than one day) min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Rimmer
(b) Address Nevada, Mo.

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) Hoyle B. Beuick (Registrar's signature)

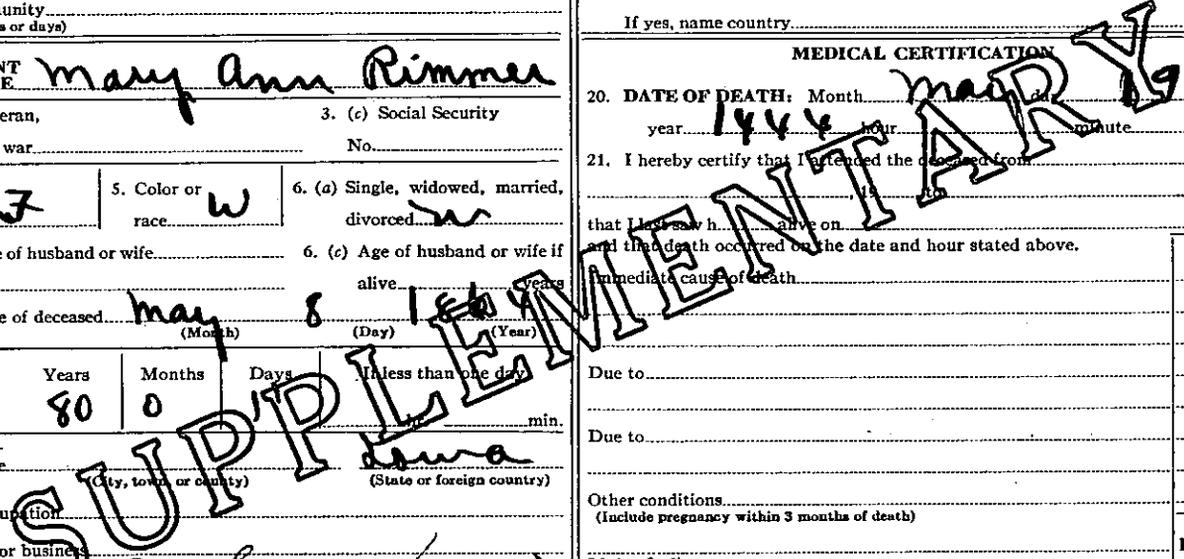
2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day _____ year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 _____ (M. D. or other)
Address _____ Date signed _____



19374