

S. No. 2
M-2-43
5-17-39
P-1 X3569

27897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 6 1944

Registration District No. 1444

Primary Registration District No. 5562

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: The Home for aged Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs. 10 months 18 days
(Specify whether years, months or days)

In this community 3 yrs. 10 months 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Belle Amanda Settles

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30, year 1944 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 16th 1944, to Aug. 30th 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: cardiac failure

Due to arterio-sclerous changes

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

Major findings: Of operations 97

Of autopsy _____

Duration 8/30/44

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James Settles 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2, 1852
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business her home

12. Name Miller Crane

13. Birthplace do not know Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Marshall

15. Birthplace do not know Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. B. Burney

(b) Address Fronton, Mo.

17. (a) burial (b) Date thereof 9-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thomas White's & Son

(b) Address Fronton Mo.

19. (a) Aug 31, 1944 (b) Mrs. Francis C. Howard
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. E. Harland (M. D. or other) _____

Address Fronton, Mo. Date signed 8/30/44

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

47
0
0

1365 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 944-4244
Date Filed 9-5-44

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul J. White
Licensed Embalmer No. 3013
P. O. Address Proton, 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.