

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 9 1944  
195

Registration District No. \_\_\_\_\_

Primary Registration District No. 5714

Registrar's No. 21

1. PLACE OF DEATH: *Mo, Donald*

(a) County *Mo*

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

(c) Name of hospital or institution: *None*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. *None* (Specify whether)

In this community *None* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Mo, Donald*

(c) City or town *Pineville Mo*  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *MARY ALICE PERRY*

3. (b) If veteran, name war *None*

3. (c) Social Security No. *None*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* day *30* year *1944* hour *11* minute *30* at *P.M.*

21. I hereby certify that I attended the deceased from *1943* to *Aug 11*, 19*44*

that I last saw *her* alive on *Aug 6*, 19*44* and that death occurred on the date and hour stated above.

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 *Mar. 16-1865*  
(Month) (Day) (Year)

Immediate cause of death *Hypertension with Pulmonary Carcinoma.*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) *H 72*

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

*79 5 14* hr. min.

9. Birthplace *Pineville, Mo. O*  
(City, town or county) (State or foreign country)

10. Usual occupation *Housewife*

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business *Same*

12. Name *Thomas Bradley*

13. Birthplace *Not known Tenn*  
(City, town, or county) (State or foreign country)

14. Maiden name *Elizabeth Painter*

15. Birthplace *Not known Tenn*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Eugene Walters*

(b) Address *Pineville, Mo.*

17. (a) *Burial* (b) Date thereof *8-31-44*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Pineville*

18. (a) Signature of funeral director *F. M. Humphrey*

(b) Address *Pineville, Mo.*

19. (a) *Spl 3-44* (b) *Dona Parker*  
(Data received local registrar) (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 *O*

23. Signature *W. H. Hottel* (M. D. or other) \_\_\_\_\_

Address *Pineville* Date signed *9-3-44*

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

RECEIVED

District Health Officer No. 6,

District File Number

944-1016

Date Filed

SEP 7 1944

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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.....

*Mayne E. Humphrey*

Licensed Embalmer No. *4262*

P. O. Address *Pineville, M*

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.