

S. No. 2
DM-5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 13 1944

Registration District No. 133

Primary Registration District No. 4205

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Filman City Mo
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 years
years, months or days

3. (a) PRINT FULL NAME AMERICA MUMMA

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

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

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

7. Birth date of deceased Jan 17 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Springfield Ill. and Sangamon Co
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business Home Keeper

12. Name Margaret A. Morris

13. Birthplace Springfield Ill. and Sangamon Co
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth M. Wood

15. Birthplace Springfield Ill. and Sangamon Co
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Hines

(b) Address Filman City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cemetery

18. (a) Signature of funeral director W. W. Hines

(b) Address Filman City Mo.

19. (a) Oct 31-1944 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Filman City Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1944 hour 2 minute 36 P.M.

21. I hereby certify that I attended the deceased from August 28, 1944, to Sept 21, 1944.
that I last saw her alive on Sept 23, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Coma Duration 1 day

Due to Nephritis acute essential on chronic interstitial nephritis 2 years

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a

Of autopsy _____

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 W. T. Warren (M. D. or other)

Address Filman City Mo Date signed 10/27/44

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

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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.....

W.D. Haines

Registered Apprentice No.

working under my personal supervision.

Signed.....

W.D. Haines

Licensed Embalmer No. *9242*

P. O. Address *Gilman City, 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. *2001-12-10*