S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

34806

State File No.

FILED OCT 19 1944

Registration District No. 312 Primary Registration District No. 3044 Registrar's No. 42

**1. PLACE OF DEATH:**

(a) County MILLER

(b) City or town ELDON
(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 — (Specify whether

In this community 15 YRS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County MILLER

(c) City or town ELDON
(If outside city or town limits, write "RURAL")

(d) Street No. 117 - No - LEEDS
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MARY-JANE-GEORGE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed 2

6. (b) Name of husband or wife Joseph-George

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Sept. (Month) 22 (Day) 1862 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 11 | 16 | — hr. — min. |

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name PETE - CABLE
13. Birthplace unknown (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name SARAH-ANN-WATHEM
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs Richard Center
(b) Address Eldon Mo

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Sept-10-44 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Freedom-Cem. Comstock Mo

18. (a) Signature of funeral director Keith McKay
(b) Address Eldon Mo

19. (a) 9-10-44 (Date received local registrar) (b) W S Spearman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 8 year 1944 hour 7 minute — P.M.

21. I hereby certify that I attended the deceased from Jan, 1940, to 9-8, 1944; that I last saw her alive on 9-6, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | 7 Dec |
| Due to Chronic Interstitial Nephritis | 4 yrs |
| Due to | |
| Other conditions Gall Bladder disease (Include pregnancy within 3 months of death) | yrs |

Major findings:
Of operations
Of autopsy

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

23. Signature E C Shelton (M. D. or other)
Address Eldon Date signed 9-9-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 44-80
Date Filed 10-5-44

## 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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.**