. S. No. 2
M—8-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35542

Registration District No. 360 — Primary Registration District No. 6225 — Registrar's No. 166

**1. PLACE OF DEATH:**

(a) County Vernon
(b) City or town Rural Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community 2 Month 26 days
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Bates
(c) City or town Nevada Rich Hill
(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** MAGGIE R. KING

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 Wid

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

7. Birth date of deceased ✓ (Month) (Day) (Year)

**8. AGE:** Years 76 — Months 8 — Days 0 — If less than one day ___ hr. ___ min.

9. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name James Olive
13. Birthplace Ill 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ricks
15. Birthplace Ill 1 (City, town, or county) (State or foreign country)

16. (a) Informant Harry Van Sant
(b) Address Rich Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hume Cemetery

18. (a) Signature of funeral director Booths
(b) Address Rich Hill Mo

19. (a) 10-13-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Oct day 12 year 1944 hour 9 a minute ___ M.

21. I hereby certify that I attended the deceased from Aug 9, 1944, to Oct 12, 1944 that I last saw her alive on Oct 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis agitated type ✓ — Duration ?

Due to ✓

Due to ✓

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

162a

Major findings:
Of operations none
Of autopsy no

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 R G Hall (M.D. or other)
Address Nevada Mo Date signed 10/12/44

(Licensed Embalmer's Statement on Reverse Side)

Regestrar -

RECEIVED
Distr... Office No. 7
Distr... 10-44-1250
Date Filed 11-7-44

## 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 John L Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.**