

No. 2  
4-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39100

State File No. ....

FILED DEC 7 1944

Registration District No. 373

Primary Registration District No. 41245

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Webster Co.

(b) City or town Marshfield 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 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster 112

(c) City or town Marshfield Mo  
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X 1

3. (a) PRINT FULL NAME RETTY ANN WEEKS

3. (b) If veteran, name war X

3. (c) Social Security No. X

20. DATE OF DEATH: Month 10 day 9  
year 1944 hour 12 am 5 minute 5

21. I hereby certify that I attended the deceased from July 26 1944  
42 to Oct. 8 1944  
that I last saw him alive on Oct. 8 1944  
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 widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 10 1850  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to Valvular Endocarditis

Due to Bacterial origin

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 92

Of operations \_\_\_\_\_

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

8. AGE: Years 94 Months 5 Days 29 If less than one day 12 hr. 2 min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John Williams

13. Birthplace Ind  
(City, town, or county) (State or foreign country)

14. Maiden name Liza Atton

15. Birthplace Ind  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Retty Weeks

(b) Address Marshfield Mo

17. (a) Burial (b) Date thereof 10-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield Mo

18. (a) Signature of funeral director Rex Rainey

(b) Address Marshfield Mo

19. (a) Nov. 11-44 (b) Charlotte Bruce  
(Date 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 \_\_\_\_\_

23. Signature E. J. Macaulay (City or town) Mo.  
Address Marshfield Mo. State signed Oct. 21/44

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

MOTHER FATHER

964

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1244-1285-

Date Filed DEC 5 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.....

Lex Lannoy  
Licensed Embalmer No. 3312

P. O. Address.....  
Marshfield

**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.**