

FILED JAN 9 1945

Registration District No. 144

Primary Registration District No. 4236

1. PLACE OF DEATH

(a) County Iron
(b) City or town Duane
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron 47
(c) City or town Duane 0
(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 Mary Deboarde

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1

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 _____ years

7. Birth date of deceased. Jan 16 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business
12. Name Robert Hinkle
13. Birthplace Wayne Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nilkie Humphrey
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Laveta Coats
(b) Address Duane Mo.

17. (a) Burial (b) Date thereof Dec 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial Central Union Co.

18. (a) Signature of funeral director William Coats
(b) Address Piedmont, Mo.

19. (a) Dec 20, 1944 (b) Francis E. Doward
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 74
year 1944 hour 9:55 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-15-1944 to 12-17-1944.
I last saw her alive on 12-16-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary

Tuberculosis
Due to Pulmonary Hemorrhage

Due to _____
Other conditions (Include pregnancy within 3 months of death) 13

Major findings: Of operations _____
Of autopsy NO

Duration
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? _____

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

23. Signature J. C. Piles (M. D. or other) _____
Address Piedmont, Mo. Date signed 12-19-1944

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 145-48
Date Filed 1-8-45

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.....

Coche Funeral Home..... Registered Apprentice No.....
working under my personal supervision.

Signed William Coche.....

Licensed Embalmer No. 3723

P. O. Address Piedmont, Md.

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.