

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 24 1945

Registration District No. 201

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6033

State File No. 3192

Registrar's No. 2017

1. PLACE OF DEATH:

(a) County: Ripley  
(b) City or town: Lucas  
(c) Name of hospital or institution: Rural

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution: 52 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mary Best

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: Widowed

6. (b) Name of husband or wife: Nov. 13, 1858 6. (c) Age of husband or wife if alive: years

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

8. AGE: Years: 86 Months: 21 Days: 1 If less than one day: min.

9. Birthplace: Marion County, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: J. R. Best

(b) Address: Waterwood Mo.

17. (a) Burial (b) Date thereof: 12-5-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lucas Cem.

18. (a) Signature of funeral director: Black & Martine

(b) Address: Doniphan Mo.

19. (a) 1945 (b) Doniphan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ripley 91  
(c) City or town: Lucas 0  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? (Yes or No) U  
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4 year 1944 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 3 1944 that I last saw him alive on Dec 3 - 44 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 3 days

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations:

Of autopsy:

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: Doniphan (M. D. or other)

Address: Doniphan Date signed:

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

**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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**