

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1945
Registration District No. 351

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3813
State File No. _____
Registrar's No. 34

Primary Registration District No. 6186

1. PLACE OF DEATH:
(a) County Janey
(b) City or town Bradleyville mo
(c) Name of hospital or institution: (Beaver top.)
(d) Length of stay: In hospital or institution 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Janey
(c) City or town Bradleyville
(d) Street No. _____
(e) Citizen of foreign country? USA

3. (a) PRINT FULL NAME MAHAWA ANN BLAIR

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

4. Sex Female 5. Color or race W
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased July 29 1866

8. AGE: Years 78 Months 4 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Douglas Co MO

10. Usual occupation House wife

11. Industry or business _____

12. Name William Delevy
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Thomas Stafford

(b) Address Bradleyville mo

17. (a) Burial (b) Date thereof Dec 17-1944

(c) Place: burial or cremation Blair Cemetery

18. (a) Signature of funeral director Barry Forsyth

(b) Address 12. Fayette mo

19. (a) 12-17-44 (b) Lois Forsyth

20. DATE OF DEATH: Month Dec day 16 year 44 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from 1944 to Dec 16 1944
that I last saw her alive on Oct 15-44
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary titerm
Due to _____

Due to Her
Other conditions Metastatic breast cancer
(Include pregnancy within 3 months of death)

Major findings: HGB
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature John [unclear]
While at work? _____ (e) Means of injury _____
Address _____ Date signed 12/17/44

Duration 24 hrs
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

50

1376

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 145-132

Date Filed JAN 22 1945

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.....

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.