

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9916

FILED APR 12 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
527 Howard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 weeks
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Head

3. (b) If veteran, name was No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Head
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased August 21 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 13
If less than one day hr. min.

9. Birthplace Carl Junction Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER
12. Name William Rogers
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Ireland
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Janie Rogers
(b) Address 527 Howard, Carthage, Mo.

17. (a) Burial (b) Date thereof Mar. 8, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Mch. 8 '45 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 527 Howard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 10, 1940, to March 4, 1945, that I last saw her alive on Feb. 28, 1945, and that death occurred on the date and hour stated above.
Immediate cause of death Acute Myocarditis
Duration

Due to Diabetes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (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)

Means of injury

23. Signature (M. D. number)

Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

45-3-268

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 Lily Kuee-Buckmeier
Licensed Embalmer No. 2510
P. O. Address Carthage, 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.