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 v. 5-17-39
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12572

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 94

Registration District No. 43

Primary Registration District No. 4057

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

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Ozlin, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
name /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler
 (c) City or town Ozlin (If outside city or town limits, write "RURAL") 12,
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME Francis M. J. McKay
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 29
 year 1945 hour _____ minute 4:25 A.M.
 21. I hereby certify that I attended the deceased from Jan 5
1945 to March 29 1945
 that I last saw her alive on March 28 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Berry M. McKay 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased April 1 1863
 (Month) (Day) (Year)

Immediate cause of death Bronchopneumonia Duration 3 days
 Due to Flu
 Due to 33
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
81 11 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown 4

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

16. (a) Informant Estelle Hayes

(b) Address Rockport, Illinois

17. (a) Burial (b) Date thereof 3-30-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozlin

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Missouri

19. (a) 3-31-45 (b) Belle Steiner
 (Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Scott G. Clark (M. D.)
Butler 720 Date signed 3/11-45

RECEIVED

District Health Office No.

District File Number 442-27

Date Filed APR 11 1945

APR 20 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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.