

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 295

Primary Registration District No. 4443

Registrar's No. 28

1. PLACE OF DEATH:
 (a) County Randolph
 (b) City or town Huntsville Mo
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Randolph
 (c) City or town Huntsville
(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 Prince
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month July day 29
 year 1945 hour 5:37 P.M. minute _____ M.

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Tim Prince 6. (c) Age of husband or wife if alive Paul full out years _____
 7. Birth date of deceased March 6 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28 1945 to July 29 1945
 that I last saw her alive on July 29 1945
 and that death occurred on the date and hour stated above.

8. **AGE:** Years 62 Months 4 Days 23
 If less than one day hr. _____ min. _____

Immediate cause of death Chronic myocarditis
 Duration 3 weeks

9. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to 930
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation housewife

Major findings:
 Of operations none
 Of autopsy none

11. Industry or business _____
 12. Name Town Tolson
 13. Birthplace Don't know 4
(City, town, or county) (State or foreign country)
 14. Maiden name Diana Keith
 15. Birthplace Don't know 4
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Walter Miller
 (b) Address Huntsville, Missouri
 17. (a) burial (b) Date thereof 8/1/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville, Missouri

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

18. (a) Signature of funeral director Tom B. Patton
 (b) Address Huntsville, Mo
 19. (a) 8/2/1945 (b) NEW D. H. B. B. B. B. B.
(Date received local registrar) (Registrar's signature)

23. Signature P. O. Deyer (M. D. or other) MD
 Address Huntsville, Mo Date signed 8/2/45

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

RECEIVED

District Health Officer No. 10

District File Number 8-45-1217

Date Filed AUG 16 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.