

No. 2
-5-43
5-17-39
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FILED DEC 4 1945
Registration District No. **357**

Primary Registration District No. **6211**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Plato
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Plato Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution approx 1 yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede **53**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no. **1**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary M. Bride

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1945 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from March, 1944, to Nov 17, 1945,
that I last saw her alive on Nov 17, 1945,
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 25 1864
(Month) (Day) (Year)

Immediate cause of death Tuberculosis Duration Years

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant H. E. Massey

(b) Address Peace mill rd.

17. (a) Removal + Burial (b) Date thereof 11-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride

18. (a) Signature of funeral director W. E. Helman

(b) Address Lebanon mo.

19. (a) Nov. 24 (b) Evann Pickett
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, list 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) (If Means Injury)

23. Signature [Signature] (M.D. or other)

Address Plato Date signed 11/24/45

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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Dorsey M. Howe

Licensed Embalmer No.

#222

P. O. Address

Lebanon 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.

Registration District No. 357 Primary Registration District No. 6211

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Bellevue Roubidoux Miss
(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 _____)
In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Mary Mc Bude
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased Feb. 25 (Month) (Day) (Year)
8. AGE: Years 81 Months 6 Days 19 (if less than one day, hr. min.)
9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____ (City, town, or county) (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death tuberculosis of lungs & both lungs Duration _____
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature John C. Hester P. or other _____
Address Bellevue, Mo Date signed 3/25/45

SUPPLEMENTARY INFORMATION REQUESTED

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

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