

S. No. 2
M-2-43
5-17-39
P-1 X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40421

State File No. _____

FILED JAN 2 1946

Registration District No. 15

Primary Registration District No. 5070

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural - Milford Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rene-Lamar Mo. R.R. 3
(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)

In this community 64 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barton

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

(d) Street No. Lamar Mo. - R. 3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH DEVINE

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 11
If less than one day hr. min.

9. Birthplace Polk County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Jason Williams

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

14. Maiden name Virginia Wilson

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

16. (a) Informant Mrs. Bessie Conn

(b) Address Lamar Mo. - R. 3

17. (a) Burial (b) Date thereof Nov. 21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pauls Prairie

18. (a) Signature of funeral director G. B. Beatty & Sons

(b) Address Seldon Mo.

19. (a) NOV 20 1945 (b) Marie Korant
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1945 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to Nov 18 1945
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia of aorta

Due to nephritis

Due to chronic of heart & kidney

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations _____

Of autopsy 3/15

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 (a) Means of injury _____

23. Signature G. B. Beatty (M. D. or other) _____
Address Lamar Mo. Date signed 11-19-45

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

MOTHER FATHER

1413

RECEIVED

District Health Officer No. 6,

District File Number 1245-1100

Date Filed 12-26-45

JAN 7 1946

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 Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.