

FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2651

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town King City  
(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.  
In this community All life.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 32  
(c) City or town King City 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary Alice Frances.

3. (b) If veteran, name war. No. 3. (c) Social Security No. No

4. Sex female/ 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Widowed.  
6. (b) Name of husband or wife John W. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 20 1862  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Gentry Co Mo. 19  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business same.

12. Name Alexander Stockton.

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

14. Maiden name Rose Ann Bellmier.

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

16. (a) Informant Ovid Frances.

(b) Address King City Mo.

17. (a) Burial (b) Date thereof 1. 30. 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cem.

18. (a) Signature of funeral director N. Goleggast

(b) Address King City Mo.

19. (a) Feb 4 - 1946 (b) Homer T. Tinkler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 28  
year 1946 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from January 22 46 to January 28 46  
that I last saw her alive on January 28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration bda

Due to

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) (e) Means of injury

23. Signature E. B. Blacklock (M. D.)

Address King City Mo. Date signed 1/29/46

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

597

8  
2  
6

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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

*R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City 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.**