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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8409**

**FILED MAR 18 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **3002**

Registrar's No. **34**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
7394

**1. PLACE OF DEATH:**

(a) County..... **Audrain**

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

(c) Name of hospital or institution:  
**415 E. Liberty 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community..... **25 years**  
years, months or days

**3. (a) PRINT FULL NAME** **Beulah Mae Underwood**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **No**

4. Sex..... **F**

5. Color or race..... **W**

6. (a) Single, widowed, married, divorced..... **M**

6. (b) Name of husband or wife..... **Clarence Underwood**

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

7. Birth date of deceased..... **Dec. 22, 1890**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>55</b>	<b>1</b>	<b>23</b>	hr. _____ min.

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

10. Usual occupation..... **House wife**

11. Industry or business.....

**MOTHER FATHER**

12. Name..... **Jarrard W. Potts**

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

14. Maiden name..... **Eliza V. Potts**

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

16. (a) Informant..... **Clarence Underwood**

(b) Address..... **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **2/17/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Funwood**

18. (a) Signature of funeral director..... *Clarence Underwood*

(b) Address..... **Mexico, Mo.**

19. (a) **2/17/1946** (b) *Blanche Neely*  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **MO.** (b) County..... **Audrain**

(c) City or town..... **Mexico**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **415 E. Liberty**  
(If rural, give location)

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

If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **February** day **15**  
year **1946** hour **4:00 AM** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Saw Pt for first time immediately after death**  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary failure insufficiency**

Due to..... **Voluntar heart disease and Coronary insufficiency**

Due to.....

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

Major findings:  
Of operations..... *926*

Of autopsy.....

Duration

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..... **17**

23. Signature..... *W. H. Blumbeck M.D.* (M. D. or other)

Address **119 E. Johnson, Mexico, Mo.** Date signed **Feb 15 46**

RECEIVED

District Health Officer No. 10

District File Number 3-46-472

Date Filed MAR 13 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

*Chas Arnold*

Licensed Embalmer No. 3569

P. O. Address

*Mexico, 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.**