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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

12366

FILED MAY 7 1948

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 44

Primary Registration District No. 5154

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Mirabile Township Rural  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13  
(c) City or town Cowgill 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Abigail Heath

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

4. Sex Female / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased May 16 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 10 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Valentine Nave

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

14. Maiden name Mary Abigail Johnson  
Unknown 9

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

16. (a) Informant H.S. Goddard

(b) Address Cowgill, Missouri

17. (a) Burial (b) Date thereof 4-12-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri

19. (a) 4/28/46 (b) Bloddy Jones  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1946 to April 11, 1946  
that I last saw him alive on April 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Exhaustion 18 hrs  
Due to Lobar Pneumonia 2 weeks

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
18 hrs  
2 weeks  
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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Bloddy Jones (M. D. or other)  
Address Bloddy Jones Date signed 4-11-46

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

MOTHER FATHER

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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..... *Cramer Clark* .....

Licensed Embalmer No. 3257.....

P. O. Address Kingston, 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.**