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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23093

FILED Dr. Mansur JUL 18 1946

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 154

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
814 Washington Street
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26 5

(c) City or town Jefferson City 4
(If outside city or town limits, write "RURAL")

(d) Street No. 814 Washington Street 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Daisy Dean Muir

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.B.Muir

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June (Month) 20 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	12		hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas B. Garrett
13. Birthplace Callaway County, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Taylor
15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. C. Scheulen
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Hoch J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 7-3-46 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1946 hour 7 minute P M.

21. I hereby certify that I attended the deceased from June, 1944 to July 2, 1946
that I last saw her alive on July 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma ovary

Due to

Due to

Other conditions 490
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above
Of autopsy no

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. Mansur (M. D. or other)

Address Jefferson City Mo Date signed 7-3-46

68

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1946

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-15-46

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 Owen L. Jones Jr.

Licensed Embalmer No. 4411

P. O. Address Jefferson Co. Ky

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.