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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24256

Registration District No. 189 Primary Registration District No. 5702 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
4 miles N.W. Mooresville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

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

(d) Street No. 4 miles N. W. Mooresville
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Barbara Edith Treon

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

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

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

7. Birth date of deceased June (Month) 4 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Russell Treon
13. Birthplace Mercer County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ruth Ada Wolfendale
15. Birthplace Pittsburg (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Russell Treon
(b) Address R.F.D., Breckenridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill, Breckenridge

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) 6-17-46 (Date received local registrar) (b) Kathleen Potts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ after death ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

Due to Clear Fluid in pleural cavity

Due to Probably due to cardiac deficiency

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

Major findings:
Of operations .....
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Lee Mech - Livingston County Coroner (M. D. or other)

Address Chillicothe Mo Date signed June 17, 1946

173 (Licensed Embalmer's Statement on Reverse Side)

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

Elton F. Norman, Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P.O. Address Chillicothe, 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.