S. No. 2
M—2-43
. 5-17-39
I X35897

25054

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26208

State File No.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

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

(c) Name of hospital or institution:
924 East 9th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 66 yrs 6 mon. 5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

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

(d) Street No. 924 East 9th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mae Adelaide Onstott

3. (b) If veteran, name war XXXXXXX

3. (c) Social Security No. XXXXXX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jess C. Onstott

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

7. Birth date of deceased January (Month) 27, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	5	XX hr. XX min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Amos Trout
13. Birthplace XXXXX (City, town, or county) U.S.A. (State or foreign country)

MOTHER
14. Maiden name Adelaide Trout Evans
15. Birthplace XXXXXXXX (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant Jess C. Onstott
(b) Address 924 E. 9th Lamar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 46 (Month) (Day) (Year)
(c) Place: burial or cremation Killey Cemetery

18. (a) Signature of funeral director Gibson Funeral Home
(b) Address 1201 Bdwy. Lamar, Mo.

19. (a) August 2, 1946 (Date received local registrar) Marie Konantz (Registrar's signature)

AUG 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Second year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to Aug. 2, 1946 ; that I last saw her alive on August 2, 1946, 19... ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial insufficiency	2 yrs
Due to Arterial hypertension &	
Due to Kidney failure	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93D

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 James A. Atkins (M. D. ~~or other~~)
Address Lamar, Missouri Date signed 8-2-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 846-823
Date Filed Aug 20, 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. [illegible]

Licensed Embalmer No. 4137

P. O. Address 1201 Edwy Lamar, 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.