

FILED AUG 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. _____

Primary Registration District No. 6092

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Grand Pass Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2 mi N. Grand Pass
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grand Pass
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ANN FINE

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 Deagan Oscar Fine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 - 21 - 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Benjamin Franklin Young

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

14. Maiden name Martha Churchill

15. Birthplace Boliver Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Stella May Young
(b) Address Grand Pass Mo

17. (a) Burial (b) Date thereof 8-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: South Cem. Malta Bend Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 8-7-46 (b) Mo I. O. Wealok
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 ch
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from July 5 1946 to July Aug 7 1946
that I last saw her alive on Aug 7 and that death occurred on the day and hour stated above.

Immediate cause of death Carcinoma of Mesentery of Small Intestine Duration 11 Mo

Due to _____
Due to _____

Other conditions Myocarditis chronic
(include pregnancy within 3 months of death)

Major findings: _____
Of operations 4/6
Of autopsy _____

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 0

3. Signature Geo A. Telling (M. D. _____)
Address Waverly Mo Date signed 8-7-46

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

17
0
0

281

Hershberger Funeral Home
Marshall Mo

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-24-46

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.