

S. No. 2
M-542
v. 5-17-39
X32873

33387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED

SEP 21 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains
(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 Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha May Riley

3. (b) If veteran, name war V

3. (c) Social Security No. 493-14-0478

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12 year 1946 hour 8 minute 45 A.M.

4. Sex F

5. Color or race W

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

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

7. Birth date of deceased: 8 (Month) 31 (Day) 1892 (Year)

21. I hereby certify that I attended the deceased from 31 July 1946 to 12 Sept 1946; that I last saw her alive on 2 Sept 1946; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>		<u>12</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of uterus

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

Due to _____

Due to _____

10. Usual occupation Cook

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Wm. J. Jett

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Sarah Upton

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

16. (a) Informant Mrs. Grover Redburn

(b) Address West Plains, Mo

17. (a) 18 (b) Date thereof 9-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cem

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Oct. 8, 1946 (b) Blodys Harrison
(Date received local registrar) (Registrar's signature)

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)

(A) Means of injury _____

Signature _____ (M. D. or other)

Address West Plains, Mo Date signed 16/9/46

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

32215

6
1
1

125

(Licensed Embalmer's Statement on Reverse Side)

Smith

RECEIVED

District Health Officer No. 5,

District File Number 1046267

Date Filed 10-17-46

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.....

S. L. Duncan, Registered Apprentice No. 390
working under my personal supervision.

Signed Laige A. Robertson

Licensed Embalmer No. 3435

P. O. Address West Plains, 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.