S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

38181

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 381

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6178

State File No. 39367

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Cora Duncan Twp
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Cora - Duncan Twp
(If outside city or town limits, write "RURAL")

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

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

If yes, name country —

3. (a) PRINT FULL NAME Mary Elizabeth Bausell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F M /

5. Color or race W

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

6. (b) Name of husband or wife Allen Bausell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (Month) 28 (Day) 1898 (Year)

8. AGE: Years 48 Months 5 Days 20 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name David W. Jennings
13. Birthplace dont know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Butler
15. Birthplace Sullivan Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs John Douglas
(b) Address Browning - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cem

18. (a) Signature of funeral director Schaeries
(b) Address Milan Mo

19. (a) Dec. 3-1946 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1946 hour 9 minute 40 a M.

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

	Duration
Immediate cause of death Carcinoma Metabolic Liver, Lung intestines	6 mo
Due to	
Due to Primary Probably right ovary	
Other conditions Carcinoma breast (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

49 A

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 J. R. McArtor (M. D. or other)
Address Browning Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District Registrar 46:2249
Filed DEC 10 1946
By

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address.....

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.