

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43294

State File No. _____

FILED DEC 19 1946
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 148

1. PLACE OF DEATH:

(a) County... Vernon

(b) City or town... Nevada

(c) Name of hospital or institution:
300 E. Vernon St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
16 yrs (Specify whether
years, months or days)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Vernon

(c) City or town... Nevada

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

(d) Street No... 300 East Vernon

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Maggie L. Hughey

3. (b) If veteran, name war... No

3. (c) Social Security No... No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 46 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from
Nov 29 1946 to Dec 5 1946
that I last saw her alive on Dec 5 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race... white

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

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

7. Birth date of deceased Mar. 10th 1867
(Month) (Day) (Year)

Immediate cause of death
Bronchitis Pneumonia. Duration 5 days

8. AGE: Years Months Days If less than one day

79 8 25 hr. min.

Due to _____

Due to _____

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

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

10. Usual occupation Retired

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations none

Of autopsy none

MOTHER FATHER

11. Industry or business _____

12. Name John Albert Old

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

14. Maiden name Sallie Tennon

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

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 W. Love (M.D. or other)
Address Nevada, Mo Date signed 12/10/46

16. (a) Informant John Hughey

(b) Address 300 E. Vernon

17. (a) Burial (b) Date thereof 12-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Marl C. Ehringer

(b) Address Newark, Mo.

19. (a) 12-14-46 (b) W. Love
(Date received local registrar) (Registrar's signature)

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

331

DEC 30 1946

RECEIVED
DISTRICT OF COLUMBIA
TELEPHONE DIVISION
12-17-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Mark E. Heizer*
Licensed Embalmer No. *2636*
P. O. Address *Neale, Md.*

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.