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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43608**

Registration District No. **253**

Primary Registration District No. **4384**

Registrar's No. ~~43608~~

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Skidmore
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Sarah Ann Stults
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Carry Stults deceased
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March - 5 - 1866
 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 18
 If less than one day — hr. — min.

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

10. Usual occupation Housekeeper

11. Industry or business
12. Name John Adams
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Clara Stults
(b) Address Marquette MO

17. (a) Burial Skidmore **(b) Date thereof** 12-26-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Skidmore

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marquette Mo

19. (a) 12-26-46 **(b)** Mrs. Thelma Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Skidmore
 (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 —

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 23
 year 1946 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from 11-25-46 to 12-23-46
 that I last saw her alive on 12-23-46
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
 Duration —

Due to —

Due to —

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

Major findings:
 Of operations 93A
 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? 21

While at work? — (Specify type of place) (e) Means of injury —

23. Signature W. J. Buxton (M. D. or other) —
Address Skidmore, Mo. Date signed 12-24-46

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(Licensed Embalmer's Statement on Reverse Side)

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

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marquill M

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.