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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1947

Registration District No. 142

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5336

State File No. 935

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Rural - Goldsberry
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 Miles S.W. of Mountain View /
(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 Howell 46 8

(c) City or town Rural 8
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles S.W. of Mountain View
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary ANN Stemper

3. (b) If veteran, name war .....

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

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased Jan (Month) 27 (Day) 1947 (Year)

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

9. Birthplace Howell Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Raymond E. Stemper /
13. Birthplace Exeter (City, town, or county) Nebraska (State or foreign country)

MOTHER
14. Maiden name Virginia R. Bernard /
15. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)

16. (a) Informant R. E. Stemper
(b) Address Mountain View, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 29 (Day) 1947 (Year)
(c) Place: burial or cremation Chapel Hill Cemetery

18. (a) Signature of funeral director Casket from Burns
(b) Address Willow Springs, Mo.

19. (a) 1-31-47 (Date received local registrar) (b) Laura Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1947 hour 10: 9 minute 50 PM.

21. I hereby certify that I attended the deceased from 10:30 PM Jan 27, 1947, to 10:50 PM 1-27, 1947 that I last saw her alive on Jan. 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cranial fracture	
Due to Birth injury	
Due to Mother's Contracted pelvis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 16 oC	

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 8

23. Signature Pearl Shipley Merrick (M. D. or other) R.B. Nurse

Address Mountain View, Mo. Date signed 1-28-47

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.