

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1947

Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5987

5780

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Union
(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

3. (a) PRINT FULL NAME Marinda Elizabeth Aaron

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 Widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. 8 26 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

12. Name Jerry Gaddy

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

14. Maiden name Eliza Bell

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

16. (a) Informant Mrs. Rolla Holtsclaw

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 2/19/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 2/26/47 (b) James B. McClinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 29, 1947, to Feb. 11, 1947
that I last saw her alive on January 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Senility with senile dementia Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

23. Signature K. W. Milligan (M. D. or other)

Address Dixon, Mo. Date signed 2/19/47

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.....

.....*Febr-17-1947*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred H. Gillen

Licensed Embalmer No.....*2341*.....

P. O. Address.....*Dixon, Missouri*.....

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.