DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8378

Registration District No. 82 — Primary Registration District No. 3017 — Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cooper Co

(b) City or town Booneville Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Ravenswood~~ Hospital (If not in hospital or institution, write street number or location) St Joseph Hosp Mo

(d) Length of stay: In hospital or institution 2 da (Specify whether

In this community 2 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

(c) City or town Salisbury (If outside city or town limits, write "RURAL") 0

(d) Street No. West 6th St (If rural, give location) 1

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Mabelle Edie

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex Female — 5. Color or race W — 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Bert Edie — 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) 10 (Day) 1873 (Year)

8. AGE: Years 73 Months 5 Days 19 — If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name Milton B Ward

13. Birthplace (City, town, or county) Ky (State or foreign country) 1

MOTHER 14. Maiden name Ann Nichols

15. Birthplace (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant's own signature Mrs B B Ward

(b) Address Prairie Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 31 (Day) 47 (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director C B Winkelmeyer

(b) Address Salisbury Mo

19. (a) 2-10-47 (Date received local registrar) (b) D E Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1947 hour 2 pm minute 13 M.

21. I hereby certify that I attended the deceased from 26 Jan 47, 19..., to 29 Jan 47, 19...; that I last saw her alive on 29 Jan 47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	3 days
Due to: degenerative heart disease	sev yrs
Due to:	
Other conditions: valvular heart disease (Include pregnancy within 3 months of death)	10 yrs

Major findings: Of operations

Of autopsy none done

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 Eric C. Van Ravenswoay (M. D. or other) MD

Address 329 Main St, Booneville Mo Date signed 5 Feb 47

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 I X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-22-47

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: Chas. R. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury Mo.

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, above space should be left blank.