

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21911

State File No.

Registration District No. 290

Primary Registration District No. 44275983

Registrar's No. 72

1. PLACE OF DEATH

(a) County Platte
(b) City or town Waynesville Rural
(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 22 years (Specify whether years, months or days)
In this community 22 years

3. (a) PRINT FULL NAME

Mary Pearl Blue

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Herbert P. Miser 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August 8 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name David Blue

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

14. Maiden name Quirican

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

16. (a) Informant Herbert P. Miser

(b) Address Waynesville Mo

17. (a) Burial (b) Date thereof June 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter H. Hedges

(b) Address Waynesville, Mo

19. (a) 6/26/47 (b) Delma C. Buckthorp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1947 hour 12:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from 6-20 1947, to 6-22 1947.
that I last saw him alive on 6-22 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 3 days

Due to Brain Tumor

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 578

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 E. Miller, MD (M. D. or other)

Address Waynesville, Mo Date signed 6-24-47

JUL 7 1947

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.....

Walter P. Hedge

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

Signed *Walter P. Hedge*

Licensed Embalmer No. *4265*

P. O. Address *Shrewsbury, 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, fact should be so stated above.