

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1947
307

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28730

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution William Hospital
(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) FULL NAME Myrtie Ethel Bear
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife George Bear 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased 7-22-1904
(Month) (Day) (Year)

8. AGE: Years 43 Months + Days 3 If less than one day
hr. _____ min. _____

9. Birthplace Ripley Co., Mo.
(City, town or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Simon Barker

12. Name Simon Barker

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

14. Maiden name Mo.

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

16. (a) Informant George Bear

(b) Address Doniphan, Mo.

17. (a) Buried (b) Date thereof 7-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Price Cemetery

18. (c) Signature of funeral director H. D. Drown

(b) Address Doniphan, Mo.

19. (a) 7-31-47 (b) E. Johnston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 18 1947 to July 25 1947
that I last saw him alive on July 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of liver

Due to Cancer of duodenum

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Disseminated Carcinoma of liver and cholelithiasis

Of operations _____

Of autopsy _____

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 J. E. Williams (M. D. or other)

Address Doniphan Date signed 7/31/47

REC.

Dist.:

District

Date Filed

847446
830-47

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

Licensed Embalmer

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.

2200
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