

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37426

State File No. _____

Registration District No. 68

Primary Registration District No. 5267

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Christian

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

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location) 1

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

In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian ²²

(c) City or town Spokane Mo. ⁰
(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 _____ U

3. (a) PRINT FULL NAME Mary M. Hilton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10th
year 1947 hour 7 minute 45.9 M.

21. I hereby certify that I attended the deceased from May 1946 to Aug 1947
that I last saw her alive on 9 Aug 1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased April 16 1866
(Month) (Day) (Year)

Immediate cause of death Acute Peritonitis Duration _____

Due to Prognated Gall Bladder

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

81 3 24 hr. 7 min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Jacob A. Carter

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

14. Maiden name Elizabeth Lewis

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

16. (a) Informant Mrs. Loma Schuyler

(b) Address Highlandville Mo

17. (a) Burial (b) Date thereof Aug 12 47
(Burial, cremation, or interment) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo

19. (a) Oct 1 1947 (b) Genette Ligon
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 127 B

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 0

23. Signature J. Hyman (M. D. or other) _____
Address Gubind Ave Date signed 14 Aug 1947

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

001

RECEIVED

District Health Officer No. 6,

District File Number 1147-1180

Date Filed NOV 14 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.....

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

Signed..... T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address..... Ozark, 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.