

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38742
State File No. _____
Registrar's No. 27

Registration District No. 159 Primary Registration District No. 4249

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(c) Name of hospital or institution: Cedar Grove Nursing Home
(d) Length of stay: 9 mos.
In this community 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison 62
(c) City or town Fredericktown
(d) Street No. 119 N. Main La Motte
(e) Citizen of foreign country? No- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Headrick
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 10
year 1947 hour 9 minute 15 M.
21. I hereby certify that I attended the deceased from September 24, 1947, to Nov. 7, 1947, that I last saw her alive on Nov. 7, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife J. Henry Headrick
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased March 23, 1874

Immediate cause of death: Carcinoma of bladder
Duration: 1 1/2 years
Due to _____
Due to _____

8. AGE: Years 73 Months 7 Days 18
If less than one day hr. min.

Other conditions: Anemia secondary to blood loss
6 mos.

9. Birthplace Wayne Co. Missouri
10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name David Nichols
13. Birthplace Missouri
14. Maiden name Catherine O'Connell
15. Birthplace Missouri

16. (a) Informant Mrs. Minnie Boren
(b) Address Fredericktown, Mo.
17. (a) Burial (b) Date thereof 11-13-47
(c) Place: burial or cremation Williamsville, Mo.
18. (a) Signature of funeral director Webb-Adams Co.
(b) Address Fredericktown, Mo.
19. (a) 11-13-47 (b) Registrar's signature

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Thomas A. Donnell (M. D. or other) M.D.
Address Delata, Mo. Date signed 11-12-47

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

Date Filed
District File Number NOV 22 1947

District Health Officer No. 9,
RECEIVED

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 *Harold B. Dietrich*.....

Licensed Embalmer No. *4104*.....

P. O. Address *Abeto 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.