

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43968

FILED DEC 23 1947

State File No. _____

Registration District No. 398

Primary Registration District No. 6148

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: _____
(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) 70 yrs 10 mo 26 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield, Rural
(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 _____

3. (a) PRINT FULL NAME MARY ELIZABETH SIFFORD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1947 hour 7 minute AM

21. I hereby certify that I attended the deceased from Dec 11 1947 to Dec 11 1947 that I last saw her alive on Dec 11 1947 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 Widowed

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

7. Birth date of deceased JANUARY 19 1897
(Month) (Day) (Year)

Immediate cause of death CHRONIC MYOCARDITIS

Due to ARTERIOSCLEROSIS

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

Major findings: Of operations gms

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

70 10 26 hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

12. Name W. M. C. BASSEM

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

14. Maiden name Missy Brown

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

16. (a) Informant Mrs Bertha Eaker

(b) Address Bloomfield Mo R 1

17. (a) BURIAL (b) Date thereof DEC. 15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARPER CEMETERY

18. (a) Signature of funeral director WALKINS FUN SERVICE

(b) Address Bloomfield Mo

19. (a) 12-19-47 (b) New Wilber
(Date received local registrar) (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? _____ (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 [Signature] (M. D. or other) D.O.
Address BLOOMFIELD Date signed 12-17-47

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

103
0

RECEIVED

District Health Office No. 2,

District File Number 1282-1617

Date Filed 12-22-47

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 Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Hepler 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.