S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1794

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 100

1. PLACE OF DEATH:

(a) County MERCER
(b) City or town PRINCETON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ARTELL HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS IN HOSP (Specify whether
In this community 32 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DAVIESS 31
(c) City or town JAMESPORT 0
(If outside city or town limits, write "RURAL")
(d) Street No. —— 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MINNIE CHENOWETH

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IRA CHENOWETH

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March (Month) 5 (Day) 1877 (Year)

8. AGE: Years 70 Months 10 Days 1 If less than one day hr. min.

9. Birthplace GRUNDY CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name JOHN ASHBROOK
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name Prescilla GOWTY
15. Birthplace UNKNOWN (City, town, or county) MO (State or foreign country)

16. (a) Informant Hazel C. Wiles
(b) Address Columbia, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Cemetery, Jamesport, Mo

18. (a) Signature of funeral director Rayne A. Davis
(b) Address Trenton Mo

19. (a) 1-12-48 (Date received local registrar) (b) M. J. Rista Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1948 hour 12 minute 49 P.M.

21. I hereby certify that I attended the deceased from Jan. December 29, 1948, to Jan. 6, 1948; that I last saw her alive on January 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death peritonitis	8 da.
Due to obstruction of the ascending colon	10 da.
Due to cancer of the colon	12 yr.
Other conditions (Include pregnancy within 3 months of death)	

46E

Major findings: Of operations carcinoma of ascending colon
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Byron T. Artell (M. D. or other) D.O.
Address Princeton, Missouri Date signed 1/6/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. Moyer, Registered Apprentice No. 458, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.