

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5784**
Registrar's No. **3**

FILED MAR 1 1948
Registration District No. **280**

Primary Registration District No. **4418**

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

1. PLACE OF DEATH:

(a) County **Platte**

(b) City or town **CAMDEN POINT**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **NONE**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE** (Specify whether)

In this community **LIFETIME**
years, months or days

3. (a) PRINT FULL NAME **MARY ANN HEATH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **White**

6. (a) ~~Single, widowed, married~~ **MARRIED**

6. (b) Name of husband or wife **D. H. HEATH**

6. (c) Age of husband **70** years if alive **70** years

7. Birth date of deceased **April 19 1877**
(Month) (Day) (Year)

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

70 9 22 hr. min.

9. Birthplace **Platte County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

12. Name **FRANK AMOS**

13. Birthplace **MO Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **DIANA FUGGETT**

15. Birthplace **MO Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **LOWEHA HEATH**

(b) Address **EDGERTON, Missouri RFD**

17. (a) **BURIAL** (b) Date thereof **2/12/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smith Cem., Platte Co., Mo.**

18. (a) Signature of funeral director: **McComas FUNERAL HOME**

(b) Address **Smithville, Missouri**

19. (a) **Feb 14-48** (b) **Alpha Rollins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte**

(c) City or town **CAMDEN POINT**
(If outside city or town limits, write "RURAL")

(d) Street No. **NONE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **10th**
year **1948** hour **10** minute **00** P. M.

21. I hereby certify that I attended the deceased from **9 am**
19 19**47** to **Feb 10** 19**48**
that I last saw her alive on **Feb 10** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Aspartetic Poisoning**
(Allyl)

Due to **Fractured Femur**

Due to **Poisonous Disease**

Duration

2 days

1 year

10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **NO**

Of autopsy **NO**

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) **accident**

(b) Date of occurrence **Jan. 19th 1947**

(c) Where did injury occur? **CAMDEN POINT Platte, MO**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home

While at work? **yes** (Specify type of place) (e) Means of injury **Fall**

23. Signature **S. S. Durham** (M. D. or other)
Address **Durban Mo** Date signed **2-12-48**

RECEIVED
District Health Unit No. 61
District File Number
Date Filed 3-2-48

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 CH

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

Signed Walter Boggs

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.