

S. No. 2  
 M-543  
 v. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED JUN 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15865**  
 Registrar's No. **29**

Registration District No. **29** Primary Registration District No. **5373**

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

**1. PLACE OF DEATH:**  
 (a) County DeKalb  
 (b) City or town Rural Cornbelt Twp  
(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 3 weeks  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County Daviess  
 (c) City or town Pattersonburg  
(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 Selvy Trazier  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security No.** 488-4-3038  
**4. Sex** F **5. Color or race** w  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Robert Trazier  
**6. (c) Age of husband or wife if** 42 years  
**7. Birth date of deceased** Feb 2 1912  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month may day 9  
 year 1948 hour 5 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** April 1948 to May 9 1948  
 that I last saw her alive on May 9 1948  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Chronic Endocarditis  
 Duration 5 yrs?

**8. AGE:** Years 36 Months 2 Days 27  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Rheumatic Fever  
in childhood

**9. Birthplace** Lawrence, MO  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** House wife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**11. Industry or business** \_\_\_\_\_  
**12. Name** Alvin R Arney  
**13. Birthplace** not known  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Neema Cain  
**15. Birthplace** MO  
(City, town, or county) (State or foreign country)

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

**16. (a) Informant** Robert Trazier  
**(b) Address** Wagonville MO R#4  
**17. (a) (Burial, cremation, or removal)** Burial **(b) Date thereof** 5 12 48  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Bethel  
**18. (a) Signature of funeral director** Robert S. Davidson  
**(b) Address** Pattersonburg, MO  
**19. (a) 5-25-48** **(b) R Davidson**  
(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 2  
**23. Signature** W. Harold Fackler **(Date)** \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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.....

*Robert V. Dunham*

Registered Apprentice No. 50

working under my personal supervision.

Signed *E. Groves*

Licensed Embalmer No. 2807

P. O. Address Pattersonburg, 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.