DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1948

Registration District No. 240

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28613

Primary Registration District No. 4503

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bernie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bernie
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maggie May Self
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emery Self
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 10 (Day) 1883 (Year)

8. AGE: Years 64 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Canada (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Wilson Cross
13. Birthplace (City, town, or county) Canada (State or foreign country)
14. Maiden name Maggie Ivy
15. Birthplace (City, town, or county) Canada (State or foreign country)
16. (a) Informant Pauline Brown
(b) Address Bernie Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moly Hill
18. (a) Signature of funeral director Shelby Funeral Home
(b) Address Fisk Mo
19. (a) 8-31-48 (Date received local registrar) (b) Velma V. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1948 hour 12 minute 10:00 AM

21. I hereby certify that I attended the deceased from December, 1944, to August 7, 1948 that I last saw her alive on August 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis and Myocardial Degeneration — Duration: unknown
Due to
Due to
Other conditions: Diabetes Mellitus — Duration: unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 61

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

23. Signature F O Kelley (M. D. or other)
Address Bernie Mo Date signed 8-13-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 948-1134
Date Filed 9-8-42

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 J. E. Thuet Hart

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.