

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED DEC 7 1948

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Wash twon
(c) Name of hospital or institution State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: two 8 days
In this community one month 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Stowersbury
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years

8. (a) PRINT FULL NAME ANNIE E. MILLARD

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Elizabeth Millard 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: 17-8-1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm E Paulin
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ann Rupp
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant hospital record
(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 11-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stowersbury, Mo.

18. (a) Signature of funeral director Allen Hayes
(b) Address Nevada, Mo.

19. (a) 11-29-48 (b) Kathryn Janczy
(Date received local registrar) (Registrar's signature) 320

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1948 hour _____ minute 40 P.M.

21. I hereby certify that I attended the deceased from 10-19-48 to 11-27-48 1948
that I last saw her alive on 11-27-48 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Deterioration

Due to

Due to

Other conditions
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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 W. H. Hall (M. D. or other) MD
Address Nevada Mo Date signed 11-27-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dissecting Officer No. 7,
District File Number 11-48-1394
Date Filed 12-6-48

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.....

Bert B. Bennett....., Registered Apprentice No. 83
working under my personal supervision.

Signed Albert S. Mayo.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada, 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, above space should be left blank.