

FILED DEC 20 1948

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 40987

Registration District No. 267

Primary Registration District No. 5905

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Pemscot
 (b) City or town Rural Wardell Godair Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 miles NW of Wardell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 2 years
 years, months or days

3: (a) PRINT FULL NAME Mattie Justice
 3: (b) If veteran, name war _____ 3: (c) Social Security No. _____

4. Sex Female 5. Color or race Negro
 6: (a) Single, widowed, married, divorced Widowed
 6: (b) Name of husband or wife _____ 6: (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb 13 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 19 hr. min.

9. Birthplace Spain (City, town, or county) Spain (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16: (a) Informant Reynis Ware
 (b) Address Wardell Mo. R#1
 17: (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-1948
 (Month) (Day) (Year)
 (c) Place: burial or cremation Morgan Ridge

18: (a) Signature of funeral director L. J. Ferguson and Co.
 (b) Address Countryside Mo.
 19: (a) 12/10/48 (Date received local registrar) (b) John W. German (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Pemscot
 (c) City or town Wardell
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 miles NW of Wardell
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
 year 1948 hour 6 minute 45 AM
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Unknown as this woman died without medical attention
 Due to Proper and old age

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
 Duration _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Jack Kelly Corone (M.D. or other) _____
 Address Hwy 2 Mo Date signed 12-3-48

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

78
 8

MOTHER, FATHER

12-48-346

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 Boyd B. Willis
Licensed Embalmer No. 4603
P. O. Address Caruthersville, 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.