

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **300**

Registration District No. **348**

Primary Registration District No. **5486**

Registrar's No. **11704**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Rural, usage**  
(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  
In this community  
years, months or days

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female**  
5. Color or race **White**  
6. (a) Single, widowed, married **Married**  
(b) Name of husband or wife **Robt J. Fifer**  
6. (c) Age of husband or wife if alive **38** years  
7. Birth date of deceased **Aug 3 1877**

8. AGE: Years **68** Months **6** Days **18**  
If less than one day hr. min.

9. Birthplace **Bloomington Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business  
12. Name **Herbert Shortnose & Staffordshire England**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Harrvett E. Moorau**  
15. Birthplace **Richmond Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Grace Brown**  
(b) Address **Brownington, Mo.**

17. (a) **Burial** (b) Date thereof **Feb-23-40**  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or other **Brownington, Mo.**

18. (a) Signature of funeral director **Alfred Wilkinson**  
(b) Address **Clinton, Mo.**

19. **2-23-1940** (b) **C. D. Taylor, M.D.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **21**  
year **1940** hour **12** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 8**  
18**39** to **Feb 21** 19**40**  
that I last saw **her** alive on **Feb 21** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death, **Chronic Bronchitis**  
Duration

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
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?

313  
While at work? (Specify type of place) (e) Means of injury  
23. Signature **C. D. Taylor** (M. D. or other)  
Address **Brownington, Mo.** Date signed **2-23-40**

RECEIVED  
District Health Officer No. 7, - 318  
District File Number - 2 - 40 - 318  
Date Filled - 2 - 29 - 49

**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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.**