

S. No. 2
-11-10-39
5-17-39
I X21492

SEP 19 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28624
Registrar's No. 18

Registration District No. 352

Primary Registration District No. 4209

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Montrose
(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? _____ years.

3. (a) PRINT FULL NAME Alta M Biles 420

8. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L F Biles 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct 3 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abraham Macham

13. Birthplace Mass
(City, town, or county) (State or foreign country)

14. Maiden name Stewart

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L F Biles
(b) Address Montrose Mo

17. (a) Burial (b) Date thereof 8 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo

19. (a) 8-6-40 (b) W.E. Baggaley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6
year 1940 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from 3-14-38
1938, to 8-6 1940

that I last saw her alive on 7-27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 years

Due to _____

Due to 930

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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?
317 (Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature Eugene S. Neville (M. D. or other) _____
Address Clinton Mo Date signed 8-7-40

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

2

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1233

Date Filed 9-4-40

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

Kenneth Jackson

Licensed Embalmer No.

3954

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.