

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9775
Registrar's No. 56

Registration District No. 137

Primary Registration District No. 4215

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.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Bronington Mo

(c) Name of hospital or institution: at home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ann Kerns

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female **5. Color or race** white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased August 20 1868
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>76</u> | <u>4</u> | <u>13</u> | hr. _____ min. _____ |

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

10. Usual occupation House keeper

11. Industry or business _____

12. Name John Reece

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

14. Maiden name Rachel Reese

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

16. (a) Informant's own signature John Reece

(b) Address Bronington Mo

17. (a) Burial Maplewood Cemetery
(Burial, cremation, or removal)

(b) Date thereof March 5 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director E. A. Rickett

(b) Address Bronington Mo

19. (a) March 7 1945 (Date received local registrar)

(b) J. R. Kitchen, Deputy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Bronington Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. 7 D 42
(If rural, give location)

(e) If foreign born, how long in U. S. A? No _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3
year 1945 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 2-28
_____, 1945, to 3-3, 1945
that I last saw him alive on 2-28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

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? _____

23. Signature H. Walker (M. D. or other) M.D.

Address Clinton Mo **Date signed** _____

RECEIVED

District Health Officer, _____, 7,

District No. Number 3-43-262

Date Filed 4-6-42

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 Tom Stewart

Licensed Embalmer No. 2782

P. O. Address Diaperates 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.