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K21492

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

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS JUN 22 1940 STANDARD CERTIFICATE OF DEATH

18109

State File No. _____

Registration District No. 136

Primary Registration District No. 5194

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town De Witt
(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 _____
years, months or days) 236

3. (a) PRINT FULL NAME MARY ELIZABETH MASTERS

3. (b) If veteran, name war _____ 3. (c) Social Security 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
(Day) (Year) 31 1865

7. Birth date of deceased Oct 31 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>74</u>	<u>6</u>	<u>27</u>	hr. min.
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9. Birthplace: Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John R. Evans

18. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Hamilton

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

16. (a) Informant Mrs. Wallace Gingell

(b) Address Brunswick Mo.

17. (a) Burial (b) Date thereof May 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo.

18. (a) Signature of funeral director L. Wallace

(b) Address Brunswick Mo.

19. (a) May 29-40 (b) Alta Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town De Witt Rural
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1940 hour 5 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 10
1940 to May 28 1940
that I last saw her alive on May 17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
arterio-sclerosis

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. H. SAWYERS (M. D. or other) _____
Address De Witt Mo Date signed 5/29/40

SEP 24 1956

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-6-40

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 L. W. Marsel
Licensed Embalmer No. 823
P. O. Address Brennsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.