DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25522

Registration District No. 427 Primary Registration District No. [illegible] Registrar's No. 32

1. PLACE OF DEATH:

(a) County Johnson

(b) ~~City or town~~ Kingsville Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson

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

(d) Street No. 5 Mi.N.W.
(If rural, give location)

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

3. (a) PRINT FULL NAME Matilda E. Queen 5A

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife Wm. M. Queen

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

7. Birth date of deceased Sept. (Month) 1 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	10	3	hr. min.

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

10. Usual occupation House Wife

11. Industry or business House Wife

FATHER
12. Name David Pirtle
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [illegible] Moreline
(b) Address Kingsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Forsyth, Mo.

18. (a) Signature of funeral director J. H. Murray
(b) Address Holden, Mo.

19. (a) July 4, 1940 (Date received local registrar) (b) [illegible] Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1940 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from January, 1940, to July 3, 1940
that I last saw her alive on July 2, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis & Myocarditis	
Due to	
Due to	
Other conditions Hypostatic Pneumonia (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 7/9/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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RECEIVED
District Health Officer No. 8,
District File Number 8-12-40
Date Filed

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 Me, Registered Apprentice No., working under my personal supervision.

Signed J. H. Murray

Licensed Embalmer No. 2893

P. O. Address Holden, 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.

S. No. 2B
—2-21-40
I X22659

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

Kelly Rawlins
Holden Mo

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25522

Registration District No. 427 Primary Registration District No. 4283 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Johnson

(b) City or town Kingsville T.P.
(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Matilda E. Jacen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & myocarditis

Due to 93A'

Due to

Other conditions Hypostatic Pneumonia (Bronchial)
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. ~~or other~~)
Address Holden Mo Date signed 9/7/40