

No. 2
4-13-40
-17-39
I X2316

W. V. Barden

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

27900

BUREAU OF THE CENSUS
SEP 16 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 12

Primary Registration District No. 4041

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia, Mo.
(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) 2

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 50 years 210

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Centralia, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. W. Jefferson St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Dora McAfee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1940 hour 10:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from about Jan 1933, 19____, to Aug 19, 1940

that I last saw her alive on Aug 29, 1940 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ben 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct 9 1869
(Month) (Day) (Year)

Immediate cause of death arterio sclerosis
cardiac degeneration

Due to _____

Due to _____

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

Duration 10 years

8. AGE: Years 70 Months 10 Days 20 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Jesse

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

14. Maiden name Sarah Scott

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

16. (a) Informant Jesse Sparks

(b) Address Centralia, Mo.

17. (a) Burial (b) Date thereof 9/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo. Cem.

18. (a) Signature of funeral director W. M. Barden

(b) Address Centralia, Mo.

19. (a) 4/40 (b) W. M. Barden
(Date received local registrar) (Registrar's signature)

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? 36
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Barden, M.D. (M. D. or other) _____
Address Centralia, Mo. Date signed 8/23/40

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

MOTHER FATHER

APR 20 1942

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

M. McQuinn

Licensed Embalmer No. *2589*

P. O. Address

Centralia 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, fact should be so stated above.