No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7700

State File No. 8

Registration District No. MAR 19 1946 08

Primary Registration District No. 6-807

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: NEWTON
(b) City or town: RURAL Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 93
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Northwest of Stella Mo. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? U years.

3. (a) PRINT FULL NAME: MARY E. MAST

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: FEM.

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: SEPTEMBER (Month) 15 (Day) 1855 (Year)

8. AGE: Years 85 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Jefferson McCord
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: A. B. Mast
(b) Address: Stella Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Macedonia Cem.

18. (a) Signature of funeral director: Carl Thompson
(b) Address: Neosho Mo.

19. (a) 2-24-41 (Date received local registrar) (b) Ada Collings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1941 hour 2 minute a.m. M.

21. I hereby certify that I attended the deceased from Jan. 24, 1941, to Feb. 13, 1941; that I last saw her alive on Feb. 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Regurgitation — Duration

Due to: Cause Unknown

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

23. Signature: J. R. Edwards (M. D. or other) D
Address: Stella Date signed: 2/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 341-454
MAR 13 1941
Date Filed

OCT 10 1950

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 Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.