

7750

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 19 1941 47

5857

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: Ozark

(a) County: Ozark

(b) City or town: Bakersfield, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4
(Specify whether _____)

In this community: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Ozark

(c) City or town: Bakersfield, Mo
(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.? 6 years.

3. (a) PRINT FULL NAME: Alice Mullins

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1941 hour 1 minute 30 a.m.

4. Sex: female 5. Color or race: W

6. (a) Name of husband or wife: James 6. (a) Single, widowed, married, divorced: married

7. Birth date of deceased: April 5 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1, 1940, to Dec 2, 1940;
and that death occurred on the date and hour stated above. Nov 25, 1940;

8. AGE: Years 74 Months 5 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death: Arterio Sclerosis
Chronic pyelonephritis

Due to _____

Due to _____

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

Other conditions: Senility
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis

10. Usual occupation: Housewife

Major findings: Arteriosclerosis

Of operations: _____

Of autopsy: _____

11. Industry or business: _____

12. Name: Jas. M. Roberts

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

14. Maiden name: Mary Ann Mullins
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature: Jas Mullins

(b) Address: Bakersfield, Mo

17. (a) burial (b) Date thereof: Dec 2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Baptist Hill

18. (a) Signature of funeral director: friends

(b) Address: 111-41

19. (a) 3-11-41 (b) C.A. Beach
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury: no

23. Signature: E. C. Bohrer (M. D. or other) no

Address: West Plains, Mo Date signed: 3-8-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

REV. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1938

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.