

FILED MAR 24 1941

Registration District No. SR 7

Primary Registration District No. 4530

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Potosi, Wash
(b) City or town Potosi
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Jane Underwood

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 g

6. (b) Name of husband or wife JAMES H UNDERWOOD 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 2 1853
(Month) (Day) (Year)

8. AGE: Year 80 87 Months 5 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

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

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

16. (a) Informant E. B. ROBINSON
(b) Address Potosi

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 8 41
(Month) (Day) (Year)

(c) Place: burial or cremation Nevada

18. (a) Signature of funeral director J R Bue 818
(b) Address Potosi

19. (a) Mar 7 41 (Date received from registrar) (b) C F Cresswell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington
(c) City or town Potosi
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1941 hour _____ minute 12 P. M.

21. I hereby certify that I attended the deceased from Jan 1
_____, 1941, to Mar 6, 1941;
that I last saw her alive on Mar 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma
R lower quadrant
Abdomen
R Kidney in

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

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? _____

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

23. Signature J. H. Therswell (M. D. or other) _____
Address Potosi Mo Date signed 3/7/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
1
0

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8491

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 887

Primary Registration District No. 4538

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Wash.
(b) City or town Potosi
(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 Mary Jane Underwood

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, _____ year

7. Birth date of deceased Sept - 2 - 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) May 2-4 (b) G. F. Cresswell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6
year 1971 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

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?
_____ (Specify type of place) (e) Means of injury _____

23. Signature G. F. Cresswell (M. D. or other) _____

Address Potosi Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

