

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **14673**

Registration District No. **337**

Primary Registration District No. **5472**

Registrar's No. **4**

1. PLACE OF DEATH:
 (b) County **HARRISON**
 (b) City or town **BETHANY Union Imp.**
(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 **Missouri** (b) County **HARRISON**
 (c) City or town **RURAL - Ridgeway 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.? _____ years.

3. (a) PRINT FULL NAME **MINERYA ELIZABETH BUZZARD**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **4**
 year **1941** hour **8** minute **50 P.M.**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband **ROBERT** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **3 23 1878**
(Month) (Day) (Year)

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.

8. AGE: Years **63** Months **0** Days **11** If less than one day _____ hr. _____ min.

Immediate cause of death **Acute Indigestion**
Coroner call
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation _____
11. Industry or business _____
12. Name **WM L. HEFNER**
13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA J. EASTON**
(City, town, or county) (State or foreign country)
15. Birthplace **DO NOT KNOW**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

16. (a) Informant **Robert Buzzard**
 (b) Address **Engleville, Mo.**
17. (a) BURIAL (b) Date thereof **4/17/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **MORRIS CHAPEL**
18. (a) Signature of funeral director **S. M. New**
 (b) Address **Bethany Mo.**
19. (a) 4-8-1941 (b) **Marie Smith**
(Date received local registrar) (Registrar's signature)

(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?
904 (Specify type of place)
 While at work? _____ (e) Means of injury _____
23. Signature **Robert Beets** (Name of physician or other)
 Address **Ridgeway Mo** Date signed **4-6-41**

(Licensed Embalmer's Statement on Reverse Side)

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

11
0
0

41
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Shenton H. Hess*

Licensed Embalmer No. *2861*

P. O. Address *Bithany, 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.