S. No. 2
—11-10-39
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1941

Registration District No. 873

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. 16155

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ Washington Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3. Nevada, Mo 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs 9 mos 24 dys. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry 108

(c) City or town Barry County Farm 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Ex Po S i T o

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Unknown 9

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years ?65 Months – Days – If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. No 3 Cemetery

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada, Missouri

19. (a) 4-9-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1941 10 hour 55 minute A.M.

21. I hereby certify that I attended the deceased from June 15th, 1910, to April 9th, 1941; that I last saw her alive on April 9th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions: Gen arterio Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No	

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 G. S. Waraich (M. D. ~~or other~~)

Address State Hospital No 3 Nevada Date signed 4/9/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-799
Date Filed 5-7-41

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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, above space should be left blank.