

No. 2  
-1-4-41  
5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38278

FILED DEC 6 1941

State File No. ....

Registration District No. 310

Primary Registration District No. 5429A

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Darlington, Mo.  
(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 All her life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry

(c) City or town Darlington  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? .....  
If yes, name country (Yes or No)

3. (a) PRINT FULL NAME Mrs. Betty Green David

(b) If veteran, name war. .... (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1941 hour 6 minute 40A. M.

21. I hereby certify that I attended the deceased from Oct 1-1941 to Nov 7 1941  
that I last saw h. er alive on Oct Nov 7 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year)

7. Birth date of deceased Aug. 23 1941  
(Month) (Day) (Year)

Immediate cause of death Exhaustion Duration 1 yr.

Due to .....

Due to .....

8. AGE: Years Months Days If less than one day

64 2 15 hr. min.

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

10. Usual occupation .....

11. Industry or business Housewife

MOTHER FATHER { 12. Name Lige Green

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

14. Maiden name Olive Wilson

15. Birthplace Lone Star Mo.  
(City, town, or county) (State or foreign country)

Other conditions 638  
(Include pregnancy within 3 months of death)

Major findings: 638

Of operations: .....

Of autopsy: .....

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

16. (a) Informant Earl David

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof Nov-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation House

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

18. (a) Signature of funeral director William David

(b) Address 1111 1/2 Mo. St.

19. (a) Nov 16 - 41 (b) William David  
(Date received local registrar) (Registrar's signature)

(Specify type of place)

While at work          (b) Means of injury         

23. Signature Charles J. Williamson (M.D. or other)         

Address Gentry Mo. Date signed Nov 7 1941

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Chas. Brooks  
Licensed Embalmer No. 3329  
P. O. Address Albany, N.Y.

**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.**