

41705

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 6 1942

Registration District No. 237Primary Registration District No. 5330

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Dade Smith Twsp.
 (b) City or town So. Greenfield, Mo.
 (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 Five years.
years, months or days)3. (a) PRINT FULL NAME Allie Blair

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband. (c) Age of husband or wife if alive 40 years7. Birth date of deceased Sept. 6 1901
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
40 3 4 _____ hr. _____ min.9. Birthplace Dade Co., Missouri
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

12. Name Ammon Mitchell
 13. Birthplace Not known
 (City, town, or county) (State or foreign country)
 14. Maiden name Ida Polston
 15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Garnett A. Blair(b) Address So. Greenfield mo.17. (a) Burial (b) Date thereof Dec. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pennsboro Cemetery18. (a) Signature of funeral director J. W. Ward(b) Address Greenfield mo.19. (a) Dec 15 41 (b) Geo. L. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dade 23
 (c) City or town So. Greenfield, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 miles S.W. So. Greenfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10
year 1941 hour 9 minute 45 P. M.21. I hereby certify that I attended the deceased from July 1 - '41
to Dec 10, 1941; that I last saw her alive on Nov 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculosis, Bronchial

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. O. Cowan (M. D. or other) _____Address Greenfield Date signed 12-12-41

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

Rev. 5-17-39
U.S. GPO 16-41951

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.

RECEIVED

District Health Officer No. 6,

District File Number 142-16

Date Filed JAN 3 1942

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.....

Bill L. Lock....., Registered Apprentice No. 305
working under my personal supervision.

Signed J. W. Ward
Licensed Embalmer No. 2832
P. O. Address Greenfield, 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.