

DEC 29 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43137
Do not use this space. *98*

1. PLACE OF DEATH

(a) County *Schuyler* Registration District No. *802*
(b) Township *Fabius* Primary Registration District No. *6046* Registered No. *88*
(c) City *Downing* (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred *10* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Anna Stice*

(a) Residence, No. *Downing, Mo.* St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *F. M. Stice*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 10, 1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 *1* *6*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Bible Grove, Mo.*

FATHER 13. NAME *Robert M. Barnett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Bible Grove, Mo.*

MOTHER 15. MAIDEN NAME *Mary E. Huston*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Bible Grove, Mo.*

17. INFORMANT *F. M. Stice*
(ADDRESS) *Downing, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mrs. Grady* DATE *Nov. 18, 1941*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Jayd Moore*
Downing, Mo.

20. FILE NO. *Nov 17 1941* *H. C. Cernig*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 16, 1941*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 17, 1941* to *Nov 15, 1941*
I last saw her alive on *Nov 15, 1941* Death is said to have occurred on the date stated above, at *9 a. m.*
The principal cause of death and related causes of importance were as follows:

Hypertension, cordis vascular renal disease, Chronic Nephrositis

Date of onset

Other contributory causes of importance:
Diabetes 1310

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *Bessie Johnson*, M. D.
(Address) *Downing, Mo.*

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.

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(Licensed Embalmer's Statement on Reverse Side)

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

Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing M

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.