

No. 2
4-13-40
-17-39
223159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12337

State File No. _____

FILED APR 9 1942

6203

Registrar's No. 10

Registration District No. _____

Primary Registration District No. _____

12
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Webster, E Benton

(a) County: _____

(b) City or town: FOND-LAND, MO-RURAL-
(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: Webster

(c) City or town: FOND LAND, 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: MELISSA J. PINTLE

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

4. Sex: F / 5. Color or race: Whr

6. (a) Single, widowed, married, divorced: Wid

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April-30-1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9-th
year 1942 - hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-1-42
_____, 19____, to 3-8-42, 19____;

that I last saw h. ER alive on 3-8-42, 19____
and that death occurred on the date and hour stated above.

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

81 10 11 hr. _____ min.

Immediate cause of death: Hypostatic Pneumonia Duration 4 day

Due to _____

Due to _____

Other conditions: Fell broke hip 2-27-42
(Include pregnancy within 3 months of death)

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

10. Usual occupation: House work

11. Industry or business: _____

MOTHER FATHER { 12. Name: ELISHA BROWN

13. Birthplace: JENK' (City, town or county) (State or foreign country)

14. Maiden name: MELINDA BOKROFT

15. Birthplace: JENK' (City, town or county) (State or foreign country)

16. (a) Informant: Mrs Carl VonKampel

(b) Address: Fondland, Mo.

17. (a) BURIAL- (b) Date thereof: 3-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Hill Cem

18. (a) Signature of funeral director: Kelley-Fennell

(b) Address: FUNERAL HOME-FONDLAND

19. (a) MARCH 30 1942 (b) Bessie O. Powell
(Date received local registrar) (Registrar's signature)

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: F

23. Signature: Howard J. Mason (M. D. or other) DD

Address: Fondland Mo. Date signed: 3-15-42

RECEIVED

District Health Officer No. 6,

District File Number 442-441

Date Filed APR 8 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.....

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

Signed H K Kelley

Licensed Embalmer No. 9334

P. O. Address Seymour

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.