

S. No. 2
1-1-4-41
r. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14765

State File No. _____
Registrar's No. 70

Registration District No. 467

Primary Registration District No. 5033

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt. Vernon Rural
(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 Lifetime
_____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lawrence
(c) City or town Mt. Vernon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Cecil Cole
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 18
year 1942 hour 7 minute 9 A.M.
21. I hereby certify that I attended the deceased from Dec 8 to Apr 18, 1942
that I last saw her alive on Apr 17, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 7
6. (b) Name of husband or wife Iruman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 1 1910
(Month) (Day) (Year)

Immediate cause of death: Myocardial failure & renal failure due to Ca of Cx (Grade 3) with deep radiation
2 yrs with treatment over 3 yrs.
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: Ca of Cx - Grade 3 - extension to head region
Of autopsy: _____

8. AGE: Years 31 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Mt. Vernon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Cornell
13. Birthplace Crane Mo
(City, town, or county) (State or foreign country)

14. Maiden name Michael Miller
15. Birthplace Johnstown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Iruman Cole
(b) Address Mt. Vernon Mo

17. (a) Burial (b) Date thereof: _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Keating Cem. Hoberg Mo

18. (a) Signature of funeral director H. D. Fossett
(b) Address Mt. Vernon Mo

19. (a) May 2 1942 (b) Anna Williams
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underneath the name 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)
Means of injury _____
23. Signature Kenneth Glover MD (M.D. or other)
Address Mt. Vernon Mo Date signed 4/18/42

1182

RECEIVED

District Health Officer No. 6,

District File Number 542-640

Date Filed MAY 7 1942

AUG 8 1942

AUG 1 0 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

Mrs H. D. Fossett

Licensed Embalmer No. 2720

P. O. Address. Mt. Vernon, Md.

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.