

115767

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 12 1942

Registration District No. 837

Primary Registration District No. 6099

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, Route # 2.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Bloomfield, Rural # 2.
(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 ANNA M. CASE

3. (b) If veteran, name war: --- (c) Social Security No. 103-677

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: 6-3-1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Samuel Lewis
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harold Case
(b) Address Bloomfield, Mo. Route # 2.

17. (a) Burial (b) Date thereof Mar. 16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation West Pleasant valley

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) March 19, 1942 (b) Paul Chiles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14th
year 1942 hour 1:35 minute A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h. alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Paralytic Stroke Duration

Due to Infirmities of Age

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830 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? 3

While at work (Specify type of place) Means of injury 3

23. Signature J. A. Chiles (M.D. or other) Coroner
Address Bloomfield, Mo. Date signed 3-18-42

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

103
0
)

103

3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3

3

Date signed 3-18-42

1120

RECEIVED

District Health Office No. 2

District File Number 442-472

Date Filed 4-13-42

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 Juan P. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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, fact should be so stated above.