V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11771

FILED APR 14 1943

Registration District No. 359 Primary Registration District No. 4525 Registrar's No. 15

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

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0
0

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Milo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Streets not named
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Milo 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Minerva Waters

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Fm 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unk

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased November (Month) 24 (Day) 1868 (Year)

8. AGE: Years 74 Months 4 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 1 Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Daniel Mallory
13. Birthplace ..... (City, town, or county) 1 Illinois (State or foreign country)

MOTHER
14. Maiden name Minerva Warren H G Mallory
15. Birthplace ..... (City, town, or county) Milo Mo 1 Illinois (State or foreign country)

16. (a) Informant H G MALLORY
(b) Address MILO, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dunnegan Grove

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.

19. (a) April 3, 1943 (Date received local registrar) (b) Wessner Ludwig (Registrar's signature)

1226

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1943 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from March 23, 1943, to March 28, 1943 that I last saw her alive on March 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy.	sudden
Due to Harden arteries	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. L. Keithly (M. D. or other) M.D.

Address Milo Mo Date signed 3.25.43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-43-85
Date Filed 4-10-43

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 Mike Farris

Licensed Embalmer No. 1432

P. O. Address Nevada 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.