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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25232

State File No. \_\_\_\_\_

FILED AUG 11 1943

Registration District No. 755

Primary Registration District No. 5579

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Thousand Jump

(c) Name of hospital or institution: Jasper G. O. T. B. C. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hambley 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 1737 Broadway  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary C Fancher

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

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 29 - 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Morrison

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

14. Maiden name Mary Ross

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

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof July 23 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hambley Mo

18. (a) Signature of funeral director W. H. ...

(b) Address Hambley Mo

19. (a) July 23 1943 (b) Mrs. ...  
(Date received at registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1943 hour 11 minute 20 M.

21. I hereby certify that I attended the deceased from July 16 1943 to July 23 1943  
that I last saw her alive on July 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Pulmonary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13 ft!

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 0

23. Signature Jessie E. Douglas (M. D. or \_\_\_\_\_)

Address Hambley Mo Date signed 7/23/43

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

MOTHER FATHER

1140

(Licensed Embalmer's Statement on Reverse Side)

43-7-611

**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 *A K Mills*

Licensed Embalmer No. *347*

P. O. Address *Wet City 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.**