

3. No. 2
-5-42
-17-39
X32878

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32857

State File No.

FILED OCT 4 - 1943
298

Registration District No. Primary Registration District No. 4552 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mt. Grove
(c) Name of hospital or institution Ryan Hospital
(d) Length of stay: In hospital or institution 0
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Dowood 114
(d) Street No. Rural 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME STELLA USSERY
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 30
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 8/12 1943 to 8/30 1943
that I last saw her alive on 8/30 1943
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 Married
6. (b) Name of husband or wife Elisha USSERY
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 2, 1892

Immediate cause of death Pulmonary embolism

8. AGE: Years 51 Months 1 Days 28
If less than one day hr. min.

Due to uterine fibroid operation

9. Birthplace Dowood Mo. 0
(City, town, or county) (State or foreign country)

Due to 56 lb

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name Carl Robinson
13. Birthplace Arkansas 1
14. Maiden name Henrietta Robinson
15. Birthplace Missouri 0

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel USSERY
(b) Address Mountain Grove, Mo.
17. (a) Burial, cremation, or removal Burial (b) Date thereof 9/2/43
(c) Place: burial or cremation Wood Cemetery, Mountain Grove, Mo.
18. (a) Signature of funeral director Russell Barber
(b) Address Mt. Grove, Mo.
19. (a) 9-17-43 (b) H. M. Lawer

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?
(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 R. A. Ryan 0 (M. D. or other)
Address Mt. Grove Date signed 9/4-43

1353 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number

1043-1127

Date Filed

OCT 2 1943

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.....

Russell Barber

Licensed Embalmer No.....

3848

P. O. Address.....

Mrs. Grove Mc

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.