

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

2
41
39
X28484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38624

Registration District No. 184

Primary Registration District No. 3638

State File No. _____
Registrar's No. 246

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: McLarney Hospital
(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, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Carroll

(c) City or town Bosworth mo
(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 TALITHA ANNETA FOX

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FF 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 5 1896
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name John MURRAY

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

14. Maiden name unknown

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

16. (a) Informant Miss John Parson

(b) Address Bosworth mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cemetery

18. (a) Signature of funeral director Saint Edmund

(b) Address Bosworth mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1943 hour 6 minute 50p M.

21. I hereby certify that I attended the deceased from 10-2-43 to 11-1-43 that I last saw her alive on 11-1-43 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis 2 da

Due to Fracture of rt hip (fall) 1 mo

Due to _____

Other conditions 0 (Include pregnancy within 3 months of death)

Major findings: 186g 16

Of operations 0

Of autopsy 0

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) Accident 0/7

(b) Date of occurrence 10-2-43

(c) Where did injury occur? Bosworth mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Sat down & turned chair (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature J. M. ... (M. D. or other) Address Brookfield, mo Date signed 11/1/43

456 (Licensed Embalmer's Statement on Reverse Side)

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

David J. Howard

Licensed Embalmer No.

3260

P. O. Address

Bozworth N

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.