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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8771  
Registrar's No. 4

**FILED** APR 2 1946  
Registration District No. 57

Primary Registration District No. 4081

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

1. PLACE OF DEATH:  
(a) County CARROLL  
(b) City or town POSWORTH MO  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Home years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County CARROLL  
(c) City or town POSWORTH 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 MARY THORENCE SETTLES  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 22 year 1946 hour 2:45 minute 4 M.  
21. I hereby certify that I attended the deceased from MARCH 21, 1946, to \_\_\_\_\_, 1946, that I last saw her alive on MARCH 21, 1946, and that death occurred on the date and hour stated above.

4. Sex F 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 July 31 1856  
(Month) (Day) (Year)

Immediate cause of death CARDIAC INSUFFICIENCY Duration 1 yr.  
Due to Arteriosclerosis 10 yrs  
MITRAL Stenosis Not Known  
Due to Senility  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
89 7 21 hr. \_\_\_\_\_ min.  
9. Birthplace POSWORTH MO  
(City, town, or county) (State or foreign country)

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

10. Usual occupation HOUSE WORK  
11. Industry or business \_\_\_\_\_  
12. Name GEORGE DAUGHERTY  
13. Birthplace MO  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant MRS. DORA HARRIS  
(b) Address 3407 E. 1st Tulsa Okla  
17. (a) BUDIAN (b) Date thereof 3 23-46  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WHARTON  
18. (a) Signature of funeral director David J. Edwards  
(b) Address Posworth mo  
19. (a) 3-25-46 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature R. W. Matheny (M. D. or other) Do.  
Address Tulsa Missouri Date signed 3/24/46

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**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. Edwards*

Licensed Embalmer No.

*3265*

P. O. Address

*Bosworth 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.**