

V. S. No. 2
00M-8-43
Rev. 5-17-39
I X37823

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

12426

Registration District No. 47

Primary Registration District No. 3008

State File No. _____

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 3 m 14 d
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Grace Watson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color White

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

6. (b) Name of husband or wife Dr

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

7. Birth date of deceased: Sep. 22 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name S. W. Martin

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

14. Maiden name Hannie Douglass

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

16. (a) Informant Record

(b) Address _____

17. (a) Burial (b) Date thereof Mar 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo

18. (a) Signature of funeral director Fritchey & Cubber

(b) Address Middletown Mo

19. (a) 3-15-1946 (b) Joan Moushoffs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14 year 1946 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from 3-1-46 19, to 3-14-46 19, that I last saw her alive on 3-14-46 19, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardites

Due to Epileptic deterioration

Due to _____

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

Major findings: Of operations _____

Of autopsy 938

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 _____

Signature George H. Keener (M. D. or other) MD

Address Gulton Mo Date signed 3-16-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

11335

14
2

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-19-46

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed A. C. Kuhne

Licensed Embalmer No.....

P. O. Address Middleton, 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.