

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 12 1946** STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16211**

Registration District No. **101**

Primary Registration District No. **5412**

Registrar's No. **33**

**1. PLACE OF DEATH:**  
 (a) County Douglas  
 (b) City or town Ava, Rural Springcreek  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (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 Missouri (b) County Douglas **34**  
 (c) City or town Ava, Rural **0**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 4 **0**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Wise  
**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 23  
 year 1946 hour 10 minute \_\_\_\_\_ A.M.

**4. Sex** Female **5. Color or** White **6. (a) Single, widowed, married,** divorced Married  
**6. (b) Name of husband or wife** A. A. Wise **6. (c) Age of husband or wife if** 67 years  
**7. Birth date of deceased** February 19, 1881  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** Feb.  
1946, to April 23, 1946  
 that I last saw her alive on April 23, 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

**8. AGE:** Years 65 Months 2 Days 4 If less than one day  
 hr. \_\_\_\_\_ min. 0

Toxemia  
 Due to Melancholonia of Pectus **2 ga**  
 Due to \_\_\_\_\_

**9. Birthplace** Squires, Missouri (City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_  
**12. Name** James Burton  
**13. Birthplace** Rome, Missouri (City, town, or county) (State or foreign country)  
**14. Maiden name** Saran Eddings  
**15. Birthplace** Rome, Missouri (City, town, or county) (State or foreign country)

Physician  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** Mr Roy Menden  
**(b) Address** 420 W. President  
Lawson  
**17. (a)** \_\_\_\_\_ **(b) Date thereof** 4-24-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Funerary

**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?  
 (Specify type of place)  
 (e) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

**18. (a) Signature of funeral director** Clinkingbeard Funeral H.  
**(b) Address** Ava, Missouri  
**19. (a)** May 22-46 **(b)** Uestal Bushman  
 (Date received local registrar) (Registrar's signature)

**23. Signature** M. C. Hendry (M. D. or other) \_\_\_\_\_  
 Address Ava, Mo Date signed 4-25-46

15099 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 646-656

Date Filed JUN 10 1948

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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..... H. B. Sutherland.....

Licensed Embalmer No. 3431.....

P. O. Address Orlando.....

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.