

FILED JUL 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(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 Mo (b) County Howell  
(c) City or town West Plains  
(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 Anna Ford  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 3  
year 1946 hour 3 minute 45 M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced infant  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 5 2 L  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-25 1946 to 6-3 1946.  
that I last saw her alive on May 29 1946.  
and that death occurred on the date and hour stated above

8. AGE: Years \_\_\_\_\_ Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bronchopneumonia Duration 7 days

9. Birthplace Howell Co. Mo  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Infant

Other conditions (Include pregnancy within 3 months of death) Cerebral Birth Injury

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 107  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Mitchell Ford

13. Birthplace Howell Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Anita Burdett

15. Birthplace Howell Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mitchell Ford

(b) Address West Plains, Rt 3, Mo

17. (a) \_\_\_\_\_ (b) Date thereof 6-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Springs

18. (a) Signature of funeral director Roberts

(b) Address West Plains, Mo

19. (a) July 1, 1946 (b) Bludys Harrison  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_

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

23. Signature E. C. Bohrer (M. D. or other) MD

Address West Plains, Mo Date signed 6-5-46

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

120

Bohrer

RECEIVED

District Health

District No. 8,

District File No.

74 6404

Date Filed

7 9 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**