

No. 2  
-3-43  
-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30122

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

FILED OCT 8 1946

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
West Plains Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day. (Specify whether years, months or days)

In this community Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Howell

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice M. Peters

3. (b) If veteran, name war. --

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15,  
year 1946 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 9/10/46 to 9/15, 1946  
that I last saw her alive on 9/15, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Zack Peters

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 12, 1887  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to acute cardiac dilatation

Due to acute interstitial nephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day

59	6	3	hr. _____ min.
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9. Birthplace Cabool, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name E. Barnes

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

14. Maiden name Maratha Haddock

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

16. (a) Informant Zack Peters,

(b) Address Willow Springs, Missouri.

17. (a) Burial (b) Date thereof 9/17/46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Aara t Cemetery

18. (a) Signature of funeral director Burns Funeral Home.

(b) Address Willow Springs, Missouri.

19. (a) Sept. 22, 1946 (b) Gladys Harrison  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

1317A

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)

(c) Means of injury A

23. Signature Martha Haddock (M. D. or other) M.D.

Address: West Plains Mo Date signed 9/20/46

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

2890

RECEIVED

District Health Officer No. 5,

District File Number 1046549

Date Filed 10-2-46

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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.....

Fred W. Barnes....., Registered Apprentice No. #413  
working under my personal supervision.

Signed Thomas R. Burns  
Thomas R. Burns.....

Licensed Embalmer No. #4214.....

P. O. Address Willow Springs, 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.**