

FILED NOV 6 1946 STANDARD CERTIFICATE OF DEATH

33174

State File No.

Registration District No. 100

Primary Registration District No. 5386

Registrar's No. 76

1. PLACE OF DEATH:

(a) County DENT  
(b) City or town RURAL - ~~Missouri~~  
(c) Name of hospital or institution: NONE  
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT  
(c) City or town RURAL  
(d) Street No. NEAR SALEM, MO  
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME MARY ANN COUSINS

3. (b) If veteran name war  
3. (c) Social Security No.

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced W ?  
6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 12 1857

8. AGE: Years 88 Months 6 Days 5

9. Birthplace AT HOME

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business  
12. Name Wm McLELLAND  
13. Birthplace IRELAND  
14. Maiden name MARGARET CANNON  
15. Birthplace IRELAND

16. (a) Informant J. K. Kellam  
(b) Address SALEM, MO

17. (a) BURIAL (b) Date thereof 10/20/46

(c) Place: burial or cremation PEAR GROVE

18. (a) Signature of funeral director J. T. Spencer  
(b) Address SALEM, MO

19. (a) 10-20-46 (b) M. M. West, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 year 1946 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-17-46 to 10-17-46  
that I last saw her alive on 10-15-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis

Due to: Senility

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

Major findings: Of operations: A

Of autopsy:

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature M. M. West, (M. D. or other) M.D.  
Address: Salem, Mo. Date signed 10/19/46

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

RECEIVED

District Health Officer No. 5,

District File Number 1046287

Date Filed 11-4-46

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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 Wm. W. McDonald .....

Licensed Embalmer No. 3806 .....

P. O. Address Salem, 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.