

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16176**

Registration District No. **381**

Primary Registration District No. **6178**

Registrar's No. _____

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

1. PLACE OF DEATH **Sullivan Duncan Twp.**
 (a) County **Rural Browning,**
 (b) City or town _____
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: **Life** In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Mary Matilda Rinehart**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Fe** 5. Color or race **W**
 6. (a) Single, married, divorced **Married**
 6. (b) Name of husband or wife **Alexander Rinehart March**
 6. (c) Age of husband or wife if alive **20 1888**
 7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years **59** Months **0** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **Va.** (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Bowens**
 13. Birthplace **Va.** (State or foreign country) _____
 14. Maiden name **Matilda Bowens**
 15. Birthplace **Va.** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **Alexander Rinehart**
 (b) Address **Browning**

17. (a) **Burial** (b) Date thereof **4-16-47**
 (Burial, cremation, or removal) _____ (Month) (Day) (Year)
 (c) Place: burial or cremation **Jenkins Wade Funeral Home**

18. (a) Signature of funeral director **Browning, Mo.**
 (b) Address _____

19. (a) **April 21-1947** (b) **Mrs. H.B. Harris**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Sullivan 105**
 (c) City or town **Rural Browning**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month **4-14-** 14 day **9** 15 a
 year **1947** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **January 1936** to **April 1947**
 What I last saw her alive on **April 12**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
 Duration **5 days**

Due to _____
 Due to _____

Other conditions **Anemia**
 (Include pregnancy within 3 months of death)
 Major findings: **Leptothorax, nephritis**
 Of operations _____
 Of autopsy **g. 87**

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 _____
 23. Signature **J.R. McClinton** (M. D. or _____)
 Address **Browning, Mo.** Date signed **4/17/47**

RECEIVED

District Health Officer No. 10

District File Number 447-739

Date APR 28 1947

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

Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address

Browning

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.