

S. No. 2
M-8-43
7-5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16862**

FILED MAY 29 1947

Registration District No. **67**

Primary Registration District No. **5272**

Registrar's No. **18**

1. PLACE OF DEATH:
(a) County Christian
(b) City or town rural - Polk
(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 all of life (Specify whether
In this community all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian 22
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. Billings, Route 2: (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Mrs. Mary Jane Trewatha.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 29
year 1947 hour 3 minute 30 P. M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from June 15, 1940, to April 25, 1947;
that I last saw her alive on April 25, 1947;
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

Immediate cause of death Heart failure Duration 10 days

6. (b) Name of husband or wife James Trewatha 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May, 6 - 1876
(Month) (Day) (Year)

Due to Chronic myocarditis 6 years

8. AGE: Years 70 Months 11 Days 23 If less than one day
hr. 0 min. 0

Due to Bronchial asthma unk

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

Other conditions (Include pregnancy within 5 months of death)

10. Usual occupation housewife

Major findings: Of operations 978 Of autopsy 978 PHYSICIAN —
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Thomas Jones 13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Elen Pendelton 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant James Trewatha

(b) Address Billings, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May, 1-47 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill cem

18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

22. If death was due to external causes, fill in the following:

(c) 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? 0

While at work? _____ (Specify type of place) (e) Means of injury 0

19. (a) May 1, 1947 (Date received local registrar) (b) Alline Dreier (Registrar's signature)

23. Signature Charles A. Sears (M. D. or other) MD
Address Billings Date signed 5-1-47

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

RECEIVED

District Health Officer No. 6

District File Number 547-525

Date Filed MAY 22 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 *J.W. Maples*

Licensed Embalmer No. 2985

P. O. Address Clever, 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.