

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 271

Primary Registration District No. 5911

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Pascala Rural
(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 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Rural
(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 Annie Person

3. (b) If veteran, name war WW

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 25, 1947 to May 2, 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 Caucasian 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Charlie Person 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Don't know
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis, some Hypertension

Due to Hypertension and chronic Hypertension

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

8. AGE: Years about 68 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business _____

FATHER { 12. Name Sandy Downs

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Charlie Person

(b) Address Pascala Mo

17. (a) Burial (b) Date thereof 5/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo

18. (a) Signature of funeral director Zachary Fun Home

(b) Address Hayti Mo Box 1124

19. (a) 5-6-47 (b) Mrs. Jessie Furnace
(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? _____

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

23. Signature H. B. ... M.D. (M. D. or other) _____

Address Hayti, Mo Date signed _____

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

6-47-187

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.....
John H. Leman

Licensed Embalmer No..... *4355*

P. O. Address..... *Hayti, Mo Box 42*

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.