

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20765

FILED JUN 30 1947  
159

Registration District No. 159

Primary Registration District No. 4225

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon *Mo*

(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 Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt *44*

(c) City or town Oregon *0*

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) *0*

(e) Citizen of foreign country? No (Yes or No) *0*

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

3. (a) PRINT FULL NAME Mary Emily Green

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour 7 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

7. Birth date of deceased: May 10 1856 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1936 to June 15, 1947 that I last saw her alive on June 14, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death arterio sclerosis Duration 11/22

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation At Home

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

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy none *PHYSICIAN*

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Daniel Huiatt

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

14. Maiden name Mary Ann Ashworth

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

16. (a) Informant William Huiatt

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof 6-17-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

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? none (City or town) (County) (State)

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

18. (a) Signature of funeral director James H. Pettigrew

(b) Address Oregon, Mo

19. (a) 6-21-47 (b) James H. Pettigrew (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C. F. Newberry (M. D. or other) U

Address Oregon, Mo Date signed 6/17/47

DISTRICT HEALTH OFFICER  
Charlotte, N.C.

---

---

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.....

*James H. Pittzahn*

Licensed Embalmer No.....

*3192*

P. O. Address.....

*Oregon 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.**