

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 3 1948

Registration District No. 137

Primary Registration District No. 50-05

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Henry

(b) City or town near Urich, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Bogard Hosp.
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town near Urich
(If outside city or town limits, write "RURAL")

(d) Street No. Bogard Hosp.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Belle Leary

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1947 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 23, 1947 to Dec 27, 1947
that I last saw her alive on Dec 27, 1947
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 5-7-1867
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage followed by Paralysis
Due to Arteriosclerosis with Hypertension
Duration 4 days
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 8 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Marcus R. Hendricks

13. Birthplace near Urich Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Fancy Labor

15. Birthplace near Urich Mo.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant C. W. Leary

(b) Address Urich, Missouri

17. (a) Marie (b) Date thereof 12-31-47
(Burial, cremation, or approval) (Month) (Day) (Year)

(c) Place: burial or cremation Hendricks Cemetery

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 _____

18. (a) Signature of funeral director W. J. Brown

(b) Address Urich Mo.

19. (a) 12-31-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature J. E. McDonald (M. D. or other) _____
Address Urich Mo Date signed 12-31-47

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

20

JUN 28 1948

SEP 9 1948

AUG 27 1948

RECEIVED

District Health Officer No. 7,

Case No. 12-47-2019

Date Filed 1-7-48

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 R. P. Kenney

Licensed Embalmer No. 3098

P.O. Address Clinton 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.