No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 18 1947
Registration District No. 2424

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38970
Primary Registration District No. 3046
Registrar's No. 66

1. PLACE OF DEATH:
(a) County Moniteau County
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARY ALICE BORN
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept. (Month) 5 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	1	19	..... hr. ..... min.

9. Birthplace Moniteau County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Williams
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Birdsong
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Born
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation XXXXX City Cemetry
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo
19. (a) 10-25-47 (Date received local registrar) (b) H. R. Pojeyoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1947 hour 5 minute 4 M.
21. I hereby certify that I attended the deceased from Oct. 15, 1947 to Oct. 23, 1947
that I last saw her alive on Oct. 23, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	.....
Due to Cardiac asthenia	1 wk.
Due to	.....
Other conditions (Include pregnancy within 3 months of death)	.....
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 2
23. Signature H. R. Bacon (M. D. or other) 2-0
Address California Date signed 10/25/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 11-17-47

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 W E Fredericyer

Licensed Embalmer No. 2854

P. O. Address California 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.