

21787

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 23 1942

Registration District No. 371

Primary Registration District No. 4330-5719 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Moniteau, Co.
(b) City or town California, MO. Walkert
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
city
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, MO
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from April 29th to June 29th
that I last saw her alive on June 28th and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Impaction Duration 2 days

Acute Dementia 2 yrs

Due to Asteria Salivaria 10 yrs

Other conditions (Include pregnancy within 3 months of death) 1226

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to 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? _____

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

23. Signature Edgar A. Kibbe (M. D. or other)
Address California Date signed 6/30/42

3. (a) PRINT FULL NAME

Mary Mallis a Farris

3. (b) If veteran,

name war _____

3. (c) Social Security

No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced
6. (c) Age of husband or wife if alive _____ years

6. (b) Name of husband or wife _____

7. Birth date of deceased

Dec (Month) 24 (Day) 1850 (Year)

8. AGE:

Years 91 Months 6 Days 5 If less than one day
hr. _____ min. _____

9. Birthplace

(City, town, or county) MO (State or foreign country)

10. Usual occupation

House Wife

11. Industry or business

12. Name Riley Hamly

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof June, 30, 42
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemt

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (c) 6-30-42 (Date received local registrar)

(b) Mrs James Roth (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4 - 1942

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..... *Earl R. Boulton*

Licensed Embalmer No. *2136*

P. O. Address..... *California 770*

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.