

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22532

MAILED JUL 14 1941

Registration District No. 244

Primary Registration District No. 3035

State File No. _____

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution; None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 523 N. College St
(If rural, give location)
(e) Citizen of foreign country? USA (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Francis Wall

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 Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 14 1851
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Ray Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Stanley

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

14. Maiden name Elizabeth Wood

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

16. (a) Informant J.P. Wall

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 6-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director J. M. Thomas

(b) Address Richmond Mo.

19. (a) June 17-41 (b) Malcolm Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1941 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 5th
1941 to June 13 1941
that I last saw her alive on June 6-41
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days
Due to _____
Due to _____

Other conditions Chronic Myocarditis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature Jos. F. Coose (Specify type of place) _____
While at work? _____ (e) Means of injury _____
Address Richmond, Mo. Date signed 6-15-41

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-12-41

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.