

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22509

Do not use this space.

1. PLACE OF DEATH

(a) County New-Madrid Registration District No. 821
 (b) Township East Country Primary Registration District No. 5801 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wildred I. Carey

(a) Residence, No. Country St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Carey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
23 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. house work
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Co. KyFATHER 13. NAME W. R. Rinford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Co. KyMOTHER 15. MAIDEN NAME Dore Staniel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky17. INFORMANT W. R. Rinford
(ADDRESS) Matthews Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park - Lexington, Mo. DATE 6-23-3819. FUNERAL DIRECTOR B. A. Dempster,
(ADDRESS) Lexington, Mo.20. FILED 7-7 19 38 Wildred I. Carey
Local Registrar. 537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22, 19 3822. I HEREBY CERTIFY, That I attended deceased from 6/16/38, 1938, to 6/27/38, 1938.I last saw her alive on 6/22/38. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Toxemia of pregnancy
Perinial Hypertension
transient Date of onset 6/14/38

Other contributory causes of importance: 147
Acute Cordae dilatationName of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Howard M. Kindy, M. D.(Address) Lexington Mo

STATEMENT BY LICENSED EMBALMER

I, G. A. Dempster., Licensed Embalmer No. 2021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

G. A. Dempster

Licensed Embalmer No. 2021

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.)**