N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D NOV 24 1939

36897
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps 20 Registration District No. 678
(b) Township or City St James 1 Primary Registration District No. 4404 Registered No.
(c) (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 652 Era Eldora Carrington
(a) Residence, No. St James Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~Male~~
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 F M. Carrington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-30-1866
7. AGE YEARS 73 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 9-26-39
11. Total time (years) spent in this occupation 45 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

FATHER
13. NAME Robert Fritts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Elizabeth Pinnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) F M. Carrington St James Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE 9-28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W E Lickliter St James Mo
20. FILED 9/29 1939 Elsie B. Hoult Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1939 to Aug 26 1939
I last saw her alive on Aug 10 1939 Death is said to have occurred on the date stated above, at 6:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Sudden death	

Other contributory causes of importance: 92a

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. 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? No
If so, specify
(Signed) J. W. Wiederwood, M. D.
(Address) St James Mo

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 1139382
Date Filed 11 8 39

Signed Oral E Licklich

Licensed Embalmer No. 3544

P. O. Address St James M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.