

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

41066  
Do not use this space.

1. PLACE OF DEATH 3  
 (a) County Vernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162  
 (c) City St. Joseph (d) Street No. St. Joseph 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 1 yrs. 9 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Elizabeth Alice  
 (a) Residence, No. Carthage Mo 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 Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 1 7 7  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri  
 13. NAME John Harris  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.  
 15. MAIDEN NAME Potts  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.  
 17. INFORMANT Mrs. Rebecca Duckert  
 (ADDRESS) 831 Buckmore, Carthage  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage, Mo. DATE Nov 19, 1939  
 19. FUNERAL DIRECTOR (NAME) Hayes Funeral Home  
 (ADDRESS) Nevada, Mo.  
 20. FILED Nov 18, 1939 Allen V. Hayes  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Nov. 17, 1939  
 I last saw him alive on Nov. 17, 1939. Death is said to have occurred on the date stated above, at 11:45 Am.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of cervix  
Chronic myeloiditis  
 Other contributory causes of importance:  
Senility  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 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) Mar. J. Owen, M. D.  
 (Address) Nevada Mo.

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.

RECEIVED

District Health Officer No. 7

District File Number 2-39-170

Date Filed 2-29-39

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**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..... *Allen V. Hays* .....

Licensed Embalmer No. 1968 .....

P. O. Address Nevada, 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, above space should be left blank.**