

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43733

Registration District No. 5562 408 Primary Registration District No. 5562

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural, Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Carthage,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2, Carthage.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd
year 1939 hour 11:55 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec. 22
_____, 1939, to Dec. 22, 1939;
that I last saw her alive on Dec. 22, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Cardiac Decomensation
Acute Cardiac Dilatation

Due to _____
Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
Death on farm
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Russell D. Harris (M. D. or other) _____
Address Carthage, Mo. Date signed 12-23-39

3. (a) PRINT FULL NAME Elizabeth DeVore 166

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 Jim DeVore 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Toledo, Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Eli Endfield

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

14. Maiden name Strayer
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature O. V. McCoy

(b) Address Route #2, Carthage, Mo.

17. (a) Removal (b) Date thereof Dec. 23, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director W. J. McChesney

(b) Address Carthage, Mo.

19. (a) Dec. 23, 1939 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

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. 6,

District File Number 140-1033

Date Filed JAN 9 1940

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 *J. J. [Signature]*

Licensed Embalmer No. 959

P. O. Address *[Signature]*

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.