

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42827

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 324

18
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural W. Wash. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8812 Thompson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) 6 years 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Rural W. Wash. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 8812 Thompson
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Flora L. Metz

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jesse Metz 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased June 5 1908
(Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 20 If less than one day
hr. _____ min. _____

9. Birthplace Tebbits Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business housewife

12. Name Sidney Hathaway

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

14. Maiden name Sissy Spencer

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

16. (a) Informant Jesse Metz

(b) Address 8812 Thompson

17. (a) Rural (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation W. Washington

18. (a) Signature of funeral director George Carson
(b) Address Independence Mo.
19. (a) Dec 27 40 (b) F. L. Clark M.D.
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1940 hour 10:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 1939
_____ 19 _____ to Dec 1 19 40
that I last saw her or alive on Dec 1 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix
of uterus Duration 1 1/2 year

Due to _____
Due to 48

Other conditions (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?
360 (Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature J. L. W. Simpson (M. D. or other) MD
Address Farmington Date signed 12/28/40

Dr. Kirk

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.....

Marion Stein

..... Licensed Embalmer No. *3156*

..... P. O. Address *Indep. 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.