No. 2
1-4-41
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X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10963

Registration District No. 408 | Primary Registration District No. 3020 | Registrar's No. 53

49
1
3

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 525 W Chestnut 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 70 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Carthage 1 (If outside city or town limits, write "RURAL")
(d) Street No.: 525 W Chestnut 3 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Della Wetherell
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female 1
5. Color or race: White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed
6. (b) Name of husband or wife: Charles
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: Sept (Month) 4 (Day) 1868 (Year)

8. AGE: Years 82 | Months 6 | Days 17 | If less than one day — hr. — min.

9. Birthplace: Belfountain (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: None
FATHER
12. Name: Jesse Green
13. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name: Alice Paxon
15. Birthplace: Unknown (City, town, or county) Virginia (State or foreign country)
16. (a) Informant: Mrs Homer Stanley
(b) Address: Carthage Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage Mo.
19. (a) Mch. 22, 1941 (Date received local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 21 year: 1941 hour: 3 minute: 30 A.M.
21. I hereby certify that I attended the deceased from Mar 18 1941 to Mar 21 1941; that I last saw her alive on Mar 21 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	10 yrs
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchial asthma	3 days

Major findings:
Of operations: none
Of autopsy: none

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: George H. Wood (M.D. or other)
Address: Carthage Mo Date signed: 4/3/22/41

(Licensed Embalmer's Statement on Reverse Side)

41-4-400

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. Lucy Knee-Buchwell

Licensed Embalmer No. 2510

P. O. Address. Carthage, M

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

If this body is not embalmed, fact should be so stated above.