

No. 2  
4-13-40  
5-17-39  
I' x22

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12215

State File No.

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

RECEIVED APR 3 1941  
BUREAU OF THE CENSUS  
1941 16

Registration District No.

Primary Registration District No.

6665 4492

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Chaffee Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
125 Black Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 14 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott  
(c) City or town Chaffee  
(If outside city or town limits, write "RURAL")  
(d) Street No. 125 Black Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th  
year 1941 hour 12 minute 30 a.m.  
21. I hereby certify that I attended the deceased from August 8th, 1938, to March 30, 1941  
that I last saw her alive on March 28, 1941  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Ethel Magraw

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 Married

6. (b) Name of husband or wife Magraw 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: (Month) 12 (Day) 29 (Year) 1890

8. AGE: Years 50 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name John C. Madden

13. Birthplace No record Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Lark Almond

15. Birthplace No record Ill. (City, town, or county) (State or foreign country)

16. (a) Informant S. F. Magraw

(b) Address 125 Black - Chaffee Mo.

17. (a) Burial (b) Date thereof 3-31-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownwood Cem.

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

(b) Address 125 Black - Chaffee Mo.

19. (a) 3/31/41 (b) W. J. Smith (Date received local registrar) (Registrar's signature)

Immediate cause of death Carcinoma Rectum 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions ✓ (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? 735 (Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature W. J. Smith (M. D. or other) ✓

Address Chaffee Mo. Date signed 3-31-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 2  
District File Number

RECEIVED  
District Health Officer No.  
District File Number 44-39  
Date Filed 4/2/41

**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 *Earl J. Smith*

Licensed Embalmer No. 2676

P. O. Address *Cape Girardeau, 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, fact should be so stated above.