

No. 2
4-13-40
-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14223

State File No. _____

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 20

1. PLACE OF DEATH: Cedar

(a) County _____

(b) City or town Cedar Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: El Dorado Springs, Mo. Hosp
(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)

3. (a) PRINT FULL NAME Infant Unstated

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race wh 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased April 11 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				hr. <u>15</u> min.

9. Birthplace El Dorado Springs, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Wilson Unstated

13. Birthplace Rates Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elmer Plains

15. Birthplace Cedar Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wilson Unstated

(b) Address El Dorado Springs Mo.

17. (a) Burial (b) Date thereof 4-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Springs Cem.

18. (a) Signature of funeral director Robert General Home

(b) Address El Dorado Springs Mo.

19. (a) 4-12-41 (b) J.W. Dawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar

(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 11th
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 11th, 1941 to Apr 11th, 1941; that I last saw her alive on Apr 11th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to Cause unknown

Due to _____

Other conditions (include pregnancy within 3 months of death) 15A

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? 15A

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

23. Signature J.W. Dawson (M. D. or other) DO

Address El Dorado Spgs Date signed 4-12-41

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

RECEIVED

District Health Officer No. 7;

District File Number

5-41-814

Date Filed

5-8-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed

George W. Mofus

Licensed Embalmer No.

2752

P. O. Address

El Paso 2499 m

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.