. 2
3-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1941

Registration District No. 203

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4122

State File No. 28075

Registrar's No. 21

083

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Smithville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smithville Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 weeks (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Platte 0
(c) City or town: R. F. D. Platte City, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1½ miles South Platte City
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Elizabeth Evelyn Larkin
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, divorced: Widowed.
6. (b) Name of husband or wife: George Larkin
6. (c) Age of husband or wife if alive: Dead. years
7. Birth date of deceased: February 7, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	24	hr. min.

9. Birthplace: Platte County, Missouri (City, town, or county) (State or foreign country) U
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: William Peter Lanter
13. Birthplace: Platte County, Mo. (City, town, or county) (State or foreign country) U
MOTHER 14. Maiden name: Sarah Katherine Smith
15. Birthplace: Crawford County, Ind. (City, town, or county) (State or foreign country) I
16. (a) Informant: Frank Lanter
(b) Address: Platte City, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Platte City, Mo.
18. (a) Signature of funeral director: E. Benjamin Cast
(b) Address: Platte City, Missouri
19. (a) 7-30-41 (Date received local registrar) (b) Lula L. Ray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 7:45 minute P M.
21. I hereby certify that I attended the deceased from July 25, 1941, to July 30, 1941; that I last saw her alive on July 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Ovary	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Carcinoma Ovary	
Of autopsy: Carcinoma Ovary	

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: [illegible] (M. D. or other)
Address: Smithville Mo. Date signed 7/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 9-8-41
Date Filed

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 E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, 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.