

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 20 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

3261

Registration District No.

719

Primary Registration District No.

5950

Registrar's No.

6

## 1. PLACE OF DEATH:

- (a) County PATNAM  
 (b) City or town RURAL ELIM - 7 MP.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
LIVONIA, MO. 1  
 (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 ODETAMARIE FOWLER.3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F-1 5. Color or race W- 6. (a) Single, widowed, married, divorced M.-1  
 6. (b) Name of husband or wife DR. FOWLER 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased APRIL 19 1911.  
 (Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace PATNAM Co. MO. (City, town, or county) (State or foreign country)10. Usual occupation HOME WORK.

## 11. Industry or business

- MOTHER FATHER  
 12. Name ORVILLE NEWMAN  
 13. Birthplace PATNAM CO. MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MADE WICKFARLAND.  
 15. Birthplace PATNAM Co. MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature O. W. Newman  
(b) Address Washington, Mo. R. 2017. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 1 - 42  
(Month) (Day) (Year)(c) Place: burial or cremation Base Camp18. (a) Signature of funeral director J. H. Husted  
(b) Address Unionville, Mo.19. (a) Jan 1 - 1941 (b) O. W. Newman  
(Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO. (b) County PATNAM.  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. LIVONIA, MO.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ✓ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30.  
year 1941 hour 8 minute 15.7 M.21. I hereby certify that I attended the deceased from Dec 8 - 41  
\_\_\_\_\_, 19\_\_\_\_, to Dec 30, 19\_\_\_\_.  
that I last saw him alive on Dec 30  
and that death occurred on the date and hour stated above. 19\_\_\_\_.Immediate cause of death Acute dilatation of the heart Duration 12 hrs  
@ child birth.  
Probably acute nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: ✓ 1440  
Of operations \_\_\_\_\_  
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? ✓

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓28. Signature H. P. Garrison (In all cases)  
Address Washington, Mo. Date signed 12/31/41

RECEIVED

District Health Officer No. 10

District File Number 2-42-290

Date Filed FEB 19 1942

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 Murl E. Hurst

Licensed Embalmer No. 3304

P. O. Address Amosville 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.