

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 23 1942

Registration District No. 239

Primary Registration District No. DEK-145

Registrar's No. 18

1. PLACE OF DEATH: DeKalb.
 (a) County _____
 (b) City or town: Adams Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 320
 (a) State: Missouri (b) County: DeKalb
 (c) City or town: Adams Twp. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No.: Rural
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: Eva May Ducey
 3. (b) If veteran, name war: XXXXX
 3. (c) Social Security No.: none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 23
 year 1942 hour 7 minute 10 P. M.

4. Sex: Female 5. Color or race: White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife: Thomas
 6. (c) Age of husband or wife if alive: XXX years
 7. Birth date of deceased: May 1 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-12-
1941 to April 23, 1942;
 that I last saw ET alive on April 23rd, 1942;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>II</u>	<u>22</u>	hr. min.

Immediate cause of death: Carcinoma Uterus & Ovary
 Duration: 6 months

9. Birthplace: Caldwell Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation: Housework

Other conditions: Uremia & Myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER
 12. Name: Samuel Jackson Hill
 13. Birthplace: Unknown Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name: Sarah E. Brown
 15. Birthplace: Caldwell Co. Mo
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN: H. H. H.
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Leo P. Ducey
 (b) Address: Weatherby, Mo. Rural

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof: April 25,
(Burial, cremation, or removal) (Month) (Day) (Year)
Catholic Cem, Cameron, Mo.

(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

18. (a) Signature of funeral director: Outman
 (b) Address: Cameron Mo

23. Signature: Frank W. Warden (M. D. or other)
 Address: Winston, Mo. Date signed _____

19. (a) 4-30-42 (b) Frank W. Warden
(Date received local registrar) (Registrar's signature)

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

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.....

O. Moore

Licensed Embalmer No.....

1180

P. O. Address.....

Cameron 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.