

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage (It)

(c) Name of hospital or institution:
1400 S Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage (If outside city or town limits, write "RURAL") 3

(d) Street No. 1400 S. Main St. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Ethel Crow

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day May
year 1942 hour 10:00 minute A.M.

4. Sex Female race White

5. Color or 2 divorced Widowed

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased Sept. 5 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9th, 1942, to May 9th, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 10 yrs.

Hypertension 10 yrs.

Chronic Myocarditis 10 yrs.

8. AGE: Years 70 Months 8 Days 4 If less than one day hr. min.

Other conditions: None 93d
(Include pregnancy within 3 months of death)

9. Birthplace Augusta Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name W. S. Johnson

{ 13. Birthplace Bedford Indiana
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Scoggan

{ 15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

Major findings: None

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mastin Crow

(b) Address 1400 S Main St, Carthage Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

17. (a) Burial (b) Date thereof May 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

While at work? No (Specify type of place)

23. Signature George H. Wood (M. D. or other) M. D.
Address 304 Grant St. Date signed 5/12/42

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.

19. (a) May 12, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

1203

(Licensed Embalmer's Statement on Reverse Side)

Carthage, Mo.

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

19
1
3

42.5-505

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 John D. Patchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.