

22177

No. 1-4 5-17

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 17 1942

Registration District No. 1115

Primary Registration District No. 10001

Registrar's No. 3

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00

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

1. PLACE OF DEATH:

(a) County... St. Francois

(b) City or town... Knobloch, St. Francois, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Shirley Ann Carter

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Month) May 24 1942 (Day) (Year)

8. AGE: Years Months Days If less than one day

20 hr. min.

9. Birthplace Knobloch, St. Francois, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name George Willis Carter

{ 13. Birthplace Leading, Lot St. Francois, Mo
(City, town or county) (State or foreign country)

{ 14. Maiden name Idell Walker

{ 15. Birthplace Knobloch, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant George Willis Carter

(b) Address Knobloch, Mo

17. (a) Burial (b) Date thereof 6-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Knobloch, Mo

18. (a) Signature of funeral director George Willis Carter

(b) Address Knobloch, Mo

19. (a) June 15, 1942 (b) J. Sydnie Buhmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... 94

(c) City or town..... (If outside city or town limits, write "RURAL") 0

(d) Street No..... (If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1942 hour 6 minute 0 a.m.

21. I hereby certify that I attended the deceased from May 24, 1942, to June 13, 1942, that I last saw her alive on May 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Failure of
circulation due to all day

Due to Congenital malformation

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... no

1574

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.....

23. Signature L. M. Stanfield (M. D. or other) 100

Address Jimmington, Mo Date signed 6/15/42

1196

(Licensed Embalmer's Statement on Reverse Side)

Duration

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 742-847

Date Filed 7-9-42

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.....

m

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

A. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22177

Registration District No. 1115

Primary Registration District No. 6021

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Knob Lick
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Shirley A. Center

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, wid, ed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 24 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 15 1942 (b) Byrdie Bukhmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
that I have seen him/her live on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-22177