U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26582

State File No.

Registration District No. 8 Primary Registration District No. 4021 Registrar's No.

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Laddonia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain 4
(c) City or town Laddonia (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CARRIE MACHIN
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife William Machin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 14 (Day) 1861 (Year)
8. AGE: Years 80 Months 8 Days 10 If less than one day hr. min.
9. Birthplace Steuben Co. N.Y. (City, town, or county) (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business Home
FATHER
12. Name Peter Bossard
13. Birthplace Pen (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Harriet Knox
15. Birthplace New York (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. D. C. Hatton
(b) Address Laddonia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Farber, Mo.
18. (a) Signature of funeral director A. L. Grainger
(b) Address Laddonia, Mo.
19. (a) Aug 25-42 (Date received local registrar) (b) E. W. Watkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th year 1942 hour 11 minute 55-P. M.
21. I hereby certify that I attended the deceased from Jan-14-1942 19 to August 24th, 19 42 that I last saw her alive on August 24 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis of left side due to Apoplexy	6-days
Due to Arterio-Sclerosis Hypertension	1-year
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W K McCall (M. D. ~~or other~~)
Address Laddonia Mo. Date signed 8-15-42

1080

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-42-1685
Date Filed SEP 8 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 H. G. Grainger, Registered Apprentice No. ....., working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Cadalonia 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.