V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27121

FILED SEP 8 1942

Registration District No. 220 Primary Registration District No. 5450 Registrar's No. 6

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

38 0 0

1. PLACE OF DEATH:
(a) County Gentry - Miller Twp.
(b) City or town King City R.F.D. No 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community ______ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gentry 38
(c) City or town King City R.F.D 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Miller Twp.
(If rural, give location)
(e) Citizen of foreign country? ______ (Yes or No) 0
If yes, name country ______

3. (a) PRINT FULL NAME ELLA. ANTLE
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 2
6. (b) Name of husband or wife ______
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased 1 (Month) 25 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	6	21	___ hr. ___ min.

9. Birthplace ______ (City, town, or county) 9 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business ______
FATHER 12. Name Alexander Foster
13. Birthplace Ill. (City, town, or county) 1 (State or foreign country)
MOTHER 14. Maiden name Viranda Wren
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Belva Antle
(b) Address King City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8. 19. 42 (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo
18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo.
19. (a) 8/31/42 (Date received local registrar) (b) Homer 26 Webster (Registrar's signature)

1140

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1942 hour 10 minute P M.

21. I hereby certify that I attended the deceased from July 1, 1942 to Aug 16, 1942 that I last saw her alive on Aug 16, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	3 mo.
Due to Stricture of pyloric opening of stomach.	
Due to Probably cancerous tumor of pyloris	Don't know

Other conditions ______
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

46 b

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 Mack W. Rhoad (M. D. or other)
Address King City Mo Date signed 8/17-42

(Licensed Embalmer's Statement on Reverse Side)

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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.