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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed SEP 9 1942

Registration District No. 270

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27666

State File No.

Primary Registration District No. 4322

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Princeton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Axtell Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 4weeks, 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

(c) City or town: Kansas City, Kansas
(If outside city or town limits, write "RURAL")

(d) Street No.: 10 So. 16th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Kathleen Ardenia Carmichael

3. (b) If veteran, name war:

3. (c) Social Security No. 510-07-8026

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov. (Month) 28, (Day) 1908 (Year)

8. AGE: Years 33 | Months 8 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Mercer County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation:

11. Industry or business: Seal Rite Inc. K.C. Kansas.

FATHER
12. Name: Adam T. Booher
13. Birthplace: Mercer County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Laura Nigh
15. Birthplace: Grundy County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Margaret Watson
(b) Address: Powersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/17/42 (Month, Day, Year)
(c) Place: burial or cremation: Evergree Cemetery Lineville Iowa

18. (a) Signature of funeral director: O.O. Graulee
(b) Address: Lineville Iowa

19. (a) 8-19-42 (Date received by local registrar) (b) Jessie Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 42 hour 4.5 minute A M.

21. I hereby certify that I attended the deceased from July 14, 1942, to Aug 15, 1942 that I last saw her alive on Aug 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis Peritonitis	
Due to: Pulmonary Tuberculosis	
Due to: Tuberculosis of Vertebrae	
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: D. E. Snyder (M. D. or other) DO.
Address: Princeton Mo. Date signed 8/15/42

(Licensed Embalmer's Statement on Reverse Side)

#8

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 Omer L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Mercer Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.