No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6628

State File No.

FILED MAR 13 1943

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jasper 49

(b) City or town Carthage 1

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

(c) Name of hospital or institution: 3

411 West Central Ave. 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 Lifetime

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1

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

(d) Street No. 411 West Central Ave.

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FLORA EVELYN MEDAE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 18, (Day) 1878 (Year)

8. AGE: Years 64 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Carthage, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Thomas R. Medae
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Elizabeth Garner
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Anna Medae

(b) Address 411 W. Central, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb. 10 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th, year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 25, 1942 to Feb 7, 1943 that I last saw her alive on Feb. 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Myocardial

Due to degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Duration

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 [signature] (M. D. or other)

Address Carthage Mo Date signed Feb 10, '43

(Licensed Embalmer's Statement on Reverse Side)

43-2-157

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 Edwemer

Licensed Embalmer No. 2222

P. O. Address Carthage

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.