V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7018

FILED MAR 15 1943

Registration District No. 12 — Primary Registration District No. 5780 — Registrar's No. 12

66
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Rural - Saline Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66

(a) State Missouri (b) County Miller 0

(c) City or town Rural - Saline 0 (If outside city or town limits, write "RURAL")

(d) Street No. Mt. Pleasant (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Lucy - Olive - Etter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Etter

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 23 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	7	26	— hr. — min.

9. Birthplace Unknown (City, town, or county) Ind. / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Zackery - Taylor - McGrew
13. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

MOTHER
14. Maiden name Anna - E - Ralston
15. Birthplace Unknown (City, town, or county) — (State or foreign country) 9

16. (a) Informant Mrs Rachel Sooter

(b) Address Kansas City, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 - 21 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem.

18. (a) Signature of funeral director Keith M Kays

(b) Address Eldon

19. (a) 2-21-43 (Date received local registrar) (b) W S Spearman (Registrar's signature)

1114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1943 hour 3 minute 20 PM.

21. I hereby certify that I attended the deceased from 2 17, 1943 to 2-19, 1943 that I last saw her alive on 2-19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	yrs
Chronic Bronchial Asthma	yrs

Major findings:
Of operations
Of autopsy 131 P

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 E G Shelton (M. D. or other)

Address Eldon Mo Date signed 2-20-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-17
Date Filed 3/6/43

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.