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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

State File No. 10131

Registration District No. FILED MAR 17 1943

Primary Registration District No. 4173

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 34

(a) State Missouri (b) County Douglas 5

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

(d) Street No. Route
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Carole June Hall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 January 20, 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	11	10	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Rufus Walker
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Otha Rippee
15. Birthplace Ava, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joyce McVay
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-43
(Month) (Day) (Year)
(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 3-1-43 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 9
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7 — day Jan, 1943 to Jan 9, 1943
that I last saw her alive on Jan 5, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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 0

23. Signature J. L. Gentry (M. D. or other)
Address Ava Date signed 1-18-43

1056

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. L.

RECEIVED
District Health Officer No. 6,
District File Number 343-423
Date Filed MAR 16 1943

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 F. C. Steffa

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.