

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1943

Registration District No. 984

Primary Registration District No. 200

Registrar's No. 755

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

1. PLACE OF DEATH: Dr. Garris Co

(a) County 3916 Lillian av.

(b) City or town Carsonville mo
(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:

(a) State Missouri (b) County St Louis

(c) City or town Carsonville mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3916 Lillian av.
(If rural, give location)

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

3. (a) PRINT FULL NAME EMILY. HORTON.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1943 hour 11 AM minute 15 M.

21. I hereby certify that I attended the deceased from March 24 to March 27 1943, that I last saw her alive on March 24 1943 and that death occurred on the date and hour stated above.

4. Sex female 5. Color of race White

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

6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Nov. 20 1892.
(Month) (Day) (Year)

Immediate cause of death: metastasis to liver.

Due to: haramama of liver.

Due to: _____

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>4</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Louisville Ky. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name John Youngker

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Lyette Barsness

15. Birthplace Mt Vernon (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Roy Horton

(b) Address 1958 Sumpsh av.

17. (a) Burial (b) Date thereof Apr. 1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley Ill.

18. (a) Signature of funeral director J. J. Quinn

(b) Address 1389 Union Blvd.

19. (a) 3-31-43 (b) E. J. M. Carson MD
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Cancer of breast

Of operations _____

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. J. W. W. (M. D. or other) _____

Address 634 North Grand Date signed 3/30/43

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..... *Harry J. Schumacher*
Licensed Embalmer No..... *2679*
P. O. Address..... *732 Farnsworth*

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.