

1. PLACE OF DEATH:

(a) County Calay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community about 12 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Calay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Itten

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

4. Sex female 5. Color or race w 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Joe Itten 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased Aug-18 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Scott Co. Va  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Andrew Stapleton  
13. Birthplace Scott Co. Va  
(City, town, or county) (State or foreign country)  
14. Maiden name Army Steen  
15. Birthplace Scott Co. Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Trotter  
(b) Address Excelsior Springs Mo.  
17. (a) Burial (b) Date thereof 4-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director C. Landrich  
(b) Address Excelsior Springs Mo.  
19. (a) 4-7-43 (b) Mrs. Anne Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 4 1943 to April 5 1943  
that I last saw her alive on April 4 - 19 PM 1943  
and that death occurred on the day and hour stated above.

Immediate cause of death Apoplexy Duration 18 hrs

Due to Arteriosclerosis of few years

Other conditions Heart had been irregular  
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy na

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 V. D. Craven (M. D. number) \_\_\_\_\_  
Address Excelsior Springs Mo Date signed 4/5/43

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

24

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-17-43

**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 Robert Reg

Licensed Embalmer No. 4182

P. O. Address Excelsior Springs, 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.