7. S. No. 2
0M—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17558

Registration District No. _____ Primary Registration District No. 3011 Registrar's No. 62

17 / /

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Atwood Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 Weeks (Specify whether years, months or days)
In this community: Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Carroll
(c) City or town: Carrollton
(If outside city or town limits, write "RURAL.")
(d) Street No.: W. Renton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Nannie D. Morehead
3. (b) If veteran, name war: _____
3. (c) Social Security No.: _____
4. Sex: Fe.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: W. W. Morehead
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Dec. (Month) 13 (Day) 1856 (Year)

8. AGE: Years 86 Months 5 Days 17 If less than one day: _____ hr. _____ min.

9. Birthplace: Carroll Co. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: At home
11. Industry or business: _____
FATHER 12. Name: James E Drake
FATHER 13. Birthplace: Adair Co. (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Mary Goodson
MOTHER 15. Birthplace: Carroll Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Thos. Morehead
(b) Address: Carrollton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem
18. (a) Signature of funeral director: Standley
(b) Address: Carrollton, Mo.
19. (a) 6-7-1943 (Date received local registrar) (b) Mrs Jamie Rafferty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1943 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from March 1943 to May 30th 1943 that I last saw him alive on 5-30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	3
Due to 131 P	
Due to	13 yrs.
Other conditions (Include pregnancy within 3 months of death): Cardiac Insufficiency	

Major findings:
Of operations: _____
Of autopsy: _____

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: W. G. Atwood (M. D. or other)
Address: Carrollton Mo Date signed: 6/1/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-8-43

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 Ben H. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.