

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18547

State File No.

X3287

FILED JUN 11 1943

Primary Registration District No. 3048

Registrar's No. 73

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

1
2

1. PLACE OF DEATH:

(a) County Wodgway

(b) City or town Manlyville

(c) Name of hospital or institution St. Francis Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wodgway

(c) City or town Skidmore

(If outside city or town limits, write "RURAL")

(d) Street No. 2W1S Rural

(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Carolee Growcock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan - 20 - 1928

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

15 4 0 hr. min.

9. Birthplace Valley Neb.

(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Ernest Growcock

13. Birthplace Valley Neb.

(City, town, or county) (State or foreign country)

14. Maiden name Lucy Leedy

15. Birthplace Janesville Va.

(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Growcock

(b) Address Skidmore Mo.

17. (a) Burial (b) Date thereof. 5-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Baptist Church Burial

18. (a) Signature of funeral director Central Funeral Home

(b) Address 951 South Main Marquette Mo

19. (a) 5-24-43 (b) Mary Coile

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 20

year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 5/10

_____ 1943 to 5/20 1943

that I last saw h. in alive on 5/20 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cholera

Due to Post-operative

Due to _____

Other conditions (Include pregnancy within 3 months of death) 123:3

Major findings: Salpingitis

Of operations Operated Pelto-Vaginal

Of autopsy peritoneal

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)

Means of injury _____

23. Signature J. F. De... M.D. or other

Address Marquette Mo Date signed 5/23

Duration

2 weeks

5 dr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.