

JUL 6 1943
Registration District No. **92**

Primary Registration District No. **5338**

1. PLACE OF DEATH:

(a) County **Sade**
(b) City or town **Edenton, Mo Rr**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Greek Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community **50 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sade**
(c) City or town **Edenton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Laura Etta Underwood**

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 **Widowed**
6. (b) Name of husband or wife **E. A. Underwood** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 23 1873**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Sade County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **General Housework**

12. Name **Calvin Crosslin**
13. Birthplace **Idem**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Underwood**
15. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Willey Underwood**

(b) Address **Edenton, Mo., Rr**

17. (a) **Burial** (b) Date thereof **June 22-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Reese A. Brown**

(b) Address **Walnut Grove, Missouri**

19. (a) **6/24/43** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1943** hour **4** minute **30** P.M.
21. I hereby certify that I attended the deceased from **10/1/41**
19 **41** to **JUNE 19** 19 **43**
that I last saw h. or alive on **JUNE 19** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION**

Due to **ARTERIAL SCLEROSIS**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **gfa**

Major findings: Of operations _____

Of autopsy _____

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 **A. F. Staeger** (M.D. or other) **MD**
Address **Edenton, Mo** Date signed **6/24/43**

Duration **?**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 743-814

Date Filed JUL 1 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

Gene A. Binn

Licensed Embalmer No. 7660

P. O. Address Wesley Ave 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 111
Registrar's No. 80

Registration District No. 93

Primary Registration District No. 5338

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

1. PLACE OF DEATH:

(a) County DeDe
(b) City or town Rural
(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 _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Laura Etta Underwood

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Oct 28 (Month) (Day) (Year)

8. AGE: Years 69 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 21-43 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ 1943 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death coronary occlusion Duration _____

Due to arterial sclerosis

Due to _____

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

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 _____

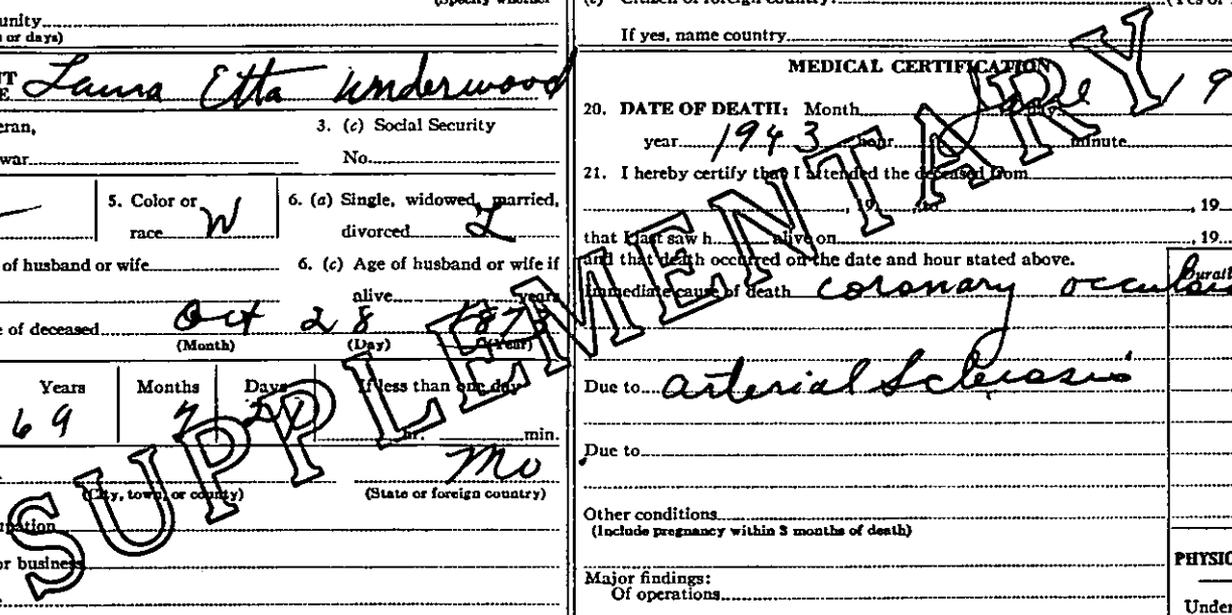
(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

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

Address _____ Date signed _____



S-21225