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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25089

State File No.

Registrar's No. 26

FILED AUG 9 1943

Registration District No. 143

Primary Registration District No. 5560

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Willow Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RT 5 11 - Willow Springs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Doome

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife J. J. Doome 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4-19-1875  
(Month) (Day) (Year)

8. AGE 68 Years 2 Months 20 Days 70 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Hausen jr

11. Industry or Business Calver Seiber

12. Name \_\_\_\_\_ 13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Olvey 15. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna May Calver

(b) Address Willow Springs Mo

17. (a) B- (b) Date thereof 7-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation interred

18. (a) Signature of funeral director Robert  
(b) Address 1101

19. (a) 7-10-43 (b) Naulette Ferguson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Douglas  
(c) City or town Willow Springs Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. RT 11  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 7 day 8  
year 1943 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from 10-23  
1942, to 5-26, 1943  
that I last saw her alive on May 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration 3 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Myocarditis 5 yrs.  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations 93d  
Of autopsy \_\_\_\_\_  
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. Calver (M. D. or other) \_\_\_\_\_  
Address Willow Springs, Mo. Date signed 7-10-43

RECEIVED

District Health Officer No. 5,

District File Number 843493

Date Filed F-7-43

STATEMENT BY LICENSED EMBALMER

*not embalmed*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.