S. No. 2
I—9-4-41
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29487

State File No.

FILED SEP 9 1943

Registration District No. 326

Primary Registration District No. 4481

Registrar's No. 37

99
0
0

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

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Gorin, Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Gorin
(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 0

3. (a) PRINT FULL NAME Evaline Carder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Homer Carder

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1879 (Year)

8. AGE: Years 63 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Knox Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name John M. Greaves
13. Birthplace HarpersFerry W. Va. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Martha Jane Short
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Homer Carder

(b) Address Gorin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Augl. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Geth & Boskett

(b) Address Gorin Mo

19. (a) Aug. 30, 1943 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1943 hour / minute A.M.

21. I hereby certify that I attended the deceased from June 1st ~~July 29~~, 1943 to July 30, 1943 that I last saw her alive on July 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Myocardial Degeneration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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 0

23. Signature F M Johnson (M. D. or other) M.D.

Address Gorin Mo Date signed 8-1-43

1093

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1948

RECEIVED
District Health Officer No. 10
District File Number 9-43-1453
Date Filed SEP 8 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 Geo U. Barker

Licensed Embalmer No. 1817

P. O. Address Wyandotte, Mich

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.