

No. 2
1-2-43
5-17-59
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31427

State File No. _____

OCT 13 1943 65
Registration District No. _____

Primary Registration District No. 5250

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: CHARLTON

(b) City or town: BRUNSWICK RURAL

(c) Name of hospital or institution: 1 Brunswick

(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: Missouri (b) County: Charlton

(c) City or town: Brunswick Rural (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 _____

3. (a) PRINT FULL NAME: PEARL VOORNOLD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1943 hour 7 minute 55 AM

21. I hereby certify that I attended the deceased from June 5, 1942 to Sept 8, 1943 that I last saw her alive on Sept 8, 1943; and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White

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

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

7. Birth date of deceased: August 24 1887 (Month) (Day) (Year)

Immediate cause of death: Carcinoma Breast Left & Right

Due to _____

Due to _____

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

Duration _____

8. AGE: Years 56 Months 10 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation: at Home

MOTHER FATHER { 11. Industry or business: Housewife

12. Name: Nozace White

13. Birthplace: Charlton Co Mo (City, town, or county) (State or foreign country)

14. Maiden name: Alice Cuddy

15. Birthplace: Howard Co Mo (City, town, or county) (State or foreign country)

Major findings: June 9 - 42

Of operations: Breast Removed & Biopsy

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Fred Varroed

(b) Address: Brunswick Mo

17. (a) (Burial, cremation, or removal): Burial (b) Date thereof: 9-26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Dalton Mo

18. (a) Signature of funeral director: L. W. ...

(b) Address: Brunswick Mo

19. (a) 9-28-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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)

(e) Means of injury _____

23. Signature: [Signature] (M. D. or other)

Address: Brunswick Mo Date signed: Sept 27

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

1024

RECEIVED
District Health Officer No. 8
District No. _____
Date Filed 10-11-43

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 L. M. Merrill

Licensed Embalmer No. 823

P. O. Address Ormeau, 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.