

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 75

Primary Registration District No. 4138

Registrar's No. 60

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

1. PLACE OF DEATH: CLINTON
 2(a) County CLINTON
 2(b) City or town LATHROP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County CLINTON
 (c) City or town LATHROP
 (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 0

3. (a) PRINT FULL NAME MARCELLA RUBY RAYDON.

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 HERMIT RAYDON
 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased NOV. 17 1902
 (Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 24
 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name C. G. SLOAN

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

14. Maiden name ANNA R. WILBER

15. Birthplace SPRINGFIELD MO.
(City, town, or county) (State or foreign country)

16. (a) Informant LATHROP MO

17. (a) BURIAL (b) Date thereof 9-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARTHAGE MO.

18. (a) Signature of funeral director DEMOSSE CRVAK

(b) Address LATHROP MO
19. (a) Sept 13 1943 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT. day 11
 year 1943 hour 2 minute 20 P.M.
 21. I hereby certify that I attended the deceased from Sept 29
, 1940, to SEPT 11, 1943;
 that I last saw her alive on Aug 10, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Adeno carcinoma right ovary
 Due to ovary
 Due to 1902
 Other conditions: 1902
 (Include pregnancy within 3 months of death)

Major findings: Adeno carcinoma right ovary Sept 1942
 Of operations 2x
 (a) autopsy 2x

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 0
 23. Signature W. B. Spalding (M. D. or other) MD
 Address LATHROP MO Date Sept 13-43

Duration
 Physician
 Underline the cause to which death should be charged statistically.

293
0/6/43

1006

OCT 7 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 *Le M. K. Clark*

Licensed Embalmer No. *2533*

P. O. Address *Lathrop, 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.