

32427

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

OCT 8 1943 316
Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 79

1. PLACE OF DEATH:

(a) County St. Francois MO

(b) City or town FLAT RIVER
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Francois

(c) City or town Flat River MO
(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 ELIZABETH KELLS

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

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

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

7. Birth date of deceased OCT. 7, 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1943 to Aug 30 1943 that I last saw him alive on Aug 30 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 11 Days 3 If less than one day _____ hr. _____ min.

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

Immediate cause of death: Carcinoma uterus metastasis to Intestines and stomach

Due to myocardial

Due to arterio sclerosis

Other conditions: Senility

(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name not known

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

14. Maiden name Mary Thompson

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant John W. Kells

(b) Address Flat River MO

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

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Joe Diemer

(b) Address Flat River MO

19. (a) Sept 7-1943 (b) Byrdie Burkmaster
(Date received local registrar) (Registrar's signature)

Major findings: IFB

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 _____

Signature B. B. Carter (M. D. or other)

Address Flat River MO Date signed 9/7/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1196

RECEIVED

District Health Officer No. 4
District File Number 1043-2754
Date Filed 10-5-43

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

Joe Diemer

Licensed Embalmer No. 970

P. O. Address

Flat River 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.