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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 13 1943

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Dawn
(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 Celestia Graves

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 17 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 10 _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name James Hinton
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Olga Rittenburg
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant CElestia Graves
(b) Address Dawn, Mo.

17. (a) Oct 27 43 (b) Date thereof Oct 29 43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem Chillicothe

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 10-29-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1943 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from October 13, 1943, to October 27, 1943
that I last saw her alive on October 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death _____
pulmonary emboli
Due to _____ juv asperia
Due to _____ epidermoid carcinoma over mandible

Duration
3 days
3 d.
16 mos

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations as above
Of autopsy as above

PHYSICIAN
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.G. Cooper (M. D. or other) _____
Address C.F.S. Cancer Hosp. Date signed 10/29/43

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

1750

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 .....

Licensed Embalmer No..... 3183

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.