

No. 2
1-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38105

State File No. _____

FILED DEC 13 1943

Registration District No. 7843

Primary Registration District No. 4555

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Cossey
(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 Daviess ³¹

(c) City or town Cossey ⁰
(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 Ellery Ermina Everly

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from _____ 1943 to Nov 15 1943
that I last saw her alive on Nov 15 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 John B Everly

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: Nov 1 - 1867
(Month) (Day) (Year)

Immediate cause of death: Alleged Polaris Coronary Thrombosis

Due to: Essential Hypertensive Cardiac Rupture

Due to: Necrosis

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

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>14</u>	hr. _____ min. _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER { 12. Name David Slaughter

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

{ 14. Maiden name Virginia Hawk

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

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? _____

23. Signature _____ (Specify type of place) _____ (e) Means of injury _____

Address _____ (M. D. or other) _____ Date signed 11/16/43

16. (a) Informant J. B. Everly

(b) Address Cossey Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov 17 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Cossey Mo

18. (a) Signature of funeral director G. W. Patten

(b) Address Patterson Mo

19. (a) 11-25-1943 (Date received local registrar)

(b) L. O. Jefferson (Registrar's signature)

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1944

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 W. L. Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonburg 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.