

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41439

State File No. _____

Registrar's No. 304

FILED DEC 20 1943

Registration District No. _____

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
End of West Jefferson St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 57 years, months or days

3. (a) PRINT (Anna Florence)
 FULL NAME Mrs. Charles E. Still

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 Dr. Charles E. Still 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased December 19, 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Domestic

12. Name Louis Rider

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

14. Maiden name Elizabeth Brown

15. Birthplace DK England
 (City, town, or county) (State or foreign country)

16. (a) Informant Chas E. Still

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof 12/5/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn Cemetery

18. (a) Signature of funeral director David E. Russell

(b) Address Kirkville, Mo.

19. (a) 12/6/43 (b) Mrs. J. L. Wagner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirkville
 (If outside city or town limits, write "RURAL")
 (d) Street No. End of West Jefferson
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
 year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 1st, 1943, to December 2nd, 1943.
 that I last saw her alive on December 2nd, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death general metastasis of carcinoma of breast
 Due to carcinoma of breast

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 50

Major findings:
 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)
 (a) Means of injury _____
 23. Signature Crawford M. Estelina (M. D. or other) D.O.
 Address Kirkville, Mo. Date signed 12/3/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

104

RECEIVED

District Health Officer No. 10

District File Number 12-43-2054

Date Filed DEC 10 1943

DEC 10 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.....

A. J. Rivers

Licensed Embalmer No.....

1407

P. O. Address.....

Kirksville

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.