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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6882

Registration District No. 1943 — Primary Registration District No. 5291 — Registrar's No. 15

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town LIBERTY MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: I.O.O.F. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ank. 999

(c) City or town Paris 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ELLA CARMAN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex 7.

5. Color or race 1 W

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Ank

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

7. Birth date of deceased Dec (Month) 24 (Day) 1858 (Year)

8. AGE: Years 85 Months 1 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation Hou Milliner + Dress maker

11. Industry or business

FATHER
12. Name Lewis Reynold
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hardwick
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paul Rogers I.O.O.F. Home
(b) Address Liberty Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 (Month) 3 (Day) 44 (Year)
(c) Place: burial or cremation Stoutsville, Mo.

18. (a) Signature of funeral director Terrace Hill Funeral Home
(b) Address Liberty Missouri

19. (a) Feb 4-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

9 Feb

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Mar 2, 1942, to Feb 3, 1944
that I last saw her alive on Feb 3, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Arterio Sclerosis	15 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

97

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Burton Matthy (M. D. or other) MD
Address Liberty Mo Date signed 4-2-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-3-44

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 Self, Registered Apprentice No. , working under my personal supervision.

Signed Victor E. Irminger

Licensed Embalmer No. 2896

P. O. Address Liberty, Missouri

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.