S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10649

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 19

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: El Dorado Springs (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cedar
(c) City or town: El Dorado Springs (If outside city or town limits, write "RURAL")
(d) Street No. 105 W Cruce (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: LINNIE C MARKWARD
3. (b) If veteran, name war:
3. (c) Social Security No. none

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 20 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 11 If less than one day hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Barnett
FATHER 13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Sallie Snow
MOTHER 15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Family Record
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-2-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: El Dorado Cemetery
18. (a) Signature of funeral director: Swinn-Siders
(b) Address: El Dorado Springs Mo
19. (a) 3/7/44 (Date received local registrar) (b) L. L. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1st year 1944 hour 12 minute 10 P M.
21. I hereby certify that I attended the deceased from Feb 21, 1944, to Mar 1, 1944; that I last saw her alive on ~~Feb~~ Mar 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Uterus — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): H8P
Major findings: Of operations:
Of autopsy:

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:
23. Signature: C H Underwood (M. D. or other) DO
Address: El Dorado Spgs Date signed: 3-3-44

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-44-494
Date Filed 4-12-44

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed M D Evans

Licensed Embalmer No. 2034

P. O. Address Edwards Springs 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.