

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14558

FILED APR 20 1944

Registration District No. 1844

Primary Registration District No. 5409

State File No. 14558

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Mansfield Rural Miller Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Myrtle Carey

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, Married

6. (b) Name of husband or wife Emmet D. Carey 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 6, 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Samuel Edge

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

14. Maiden name Mary Hawkins

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

16. (a) Informant Emmet D. Carey
(b) Address Route 2, Mansfield, Missouri

17. (a) Burial (b) Date thereof 3-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dyer

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 4-1-1944 (b) Wm. J. R. Spurlock
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Mansfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1944 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from June
1944 to March 1944
that I last saw her alive on Dec 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus
Duration about 12 mos

Due to _____

Due to _____

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

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)
(e) Means of injury _____

23. Signature R. M. Morrison (M. D. or other) _____
Address Ava, Mo Date signed 3/13/44

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

MOTHER FATHER

1056

(Licensed Embalmer's Statement on Reverse Side)

S. P. M. Norman

RECEIVED

District Health Officer No. 6,

District File Number 444-494

Date Filed APR 18 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. B. Hutchinson
.....
Licensed Embalmer No. 3431

P. O. Address.....
Oran 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.