

S. No. 2
 DM-8-43
 W. 5-17-39
 P-1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED OCT 11 1944
 Registration District No. 256

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31426

Primary Registration District No. 58-79-4388

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Osage
 (b) City or town Chamois
(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 Osage 76
 (c) City or town Chamois 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cynthia Wolfe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 29 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 19 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 7-18 1944 to 7-19 1944; that I last saw her alive on 7-19 1944; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Possibly brain abcess 2 days
 Due to Middle ear infection 9 wks.
(79 weeks duration)
 Due to _____

9. Birthplace Cooper Hill Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation House wife

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Henry Williams
 13. Birthplace College Hill Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Cerese Simpson
 15. Birthplace Osage Co Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
go

16. (a) Informant Mrs Ed Duncan
 (b) Address Chamois Mo
 17. (a) Burial (b) Date thereof 7-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Deer Creek Mo
 18. (a) Signature of funeral director Clyde Norton
 (b) Address Chamois Mo
 19. (a) July 21 1944 (b) Ether Souders
(Date registered local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____
 23. Signature R. J. Jamsworth (M. D. or other) DO
 Address Chamois, Mo Date signed 7-21-44

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

7600

570

(Licensed Embalmer's Statement on Reverse Side)

1900
1913

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 10-10-44

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 Vernon Morton
Licensed Embalmer No. 4125
P. O. Address Benno 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.