

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1944
Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38595**
Registrar's No. 21
Primary Registration District No. 5960

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Dearborn Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None Greenburg
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 96 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Dearborn Mo. Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Carilla Thorpe
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if deceased 4 years
 7. Birth date of deceased: July 1848
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>96</u> | <u>4</u> | <u>10</u> | hr. _____ min. _____ |

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER
 12. Name Randall Duncan
 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Duncan
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Morgan
 (b) Address Edgerton Missouri

17. (a) Burial (b) Date thereof 11/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point Mo.

18. (a) Signature of funeral director Rueian Davis
 (b) Address Dearborn Missouri

19. (a) 11-17-44 (b) Mrs Clay Siffes
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 14
 year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Nov 8 1944 to Nov 13 1944
 that I last saw her alive on Nov 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Loba Puer
monia Duration 3 days

Due to _____

Due to _____

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

Major findings:
 Of operations None
 Of autopsy no

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) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(Specify type of place) While at work? no (e) Means of injury none

23. Signature M O T Moore (M. D. or other) _____
 Address Dearborn Mo Date signed 11/14/44

RECEIVED

District Health Officer No. *Platte Co. Health Unit*
District File Number *12-44-93*
Date Filed *12-5-44*

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

Rebecca Davis

Licensed Embalmer No. *4160*

P. O. Address

Dearborn 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.