

S. No. 2  
FORM-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 11 1945**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40491**

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution:  
Grim-Smith Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 401 E. Patterson  
(If rural, give location)

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

3. (a) PRINT FULL NAME Carol Elaine Showalter

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Oct. 14 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Emerson Showalter

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

14. Maiden name Allene Shirky

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

16. (a) Informant John Emerson Showalter

(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof 12/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair Haven Cemetery

18. (a) Signature of funeral director J. E. Kelly

(b) Address Kirkville, Mo

19. (a) 12-11-44 (b) Dr. J. H. Wagner  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1944 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 30, 1944  
to December 11, 1944  
that I last saw her alive on December 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant diphtheria with complete anuria

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Duration 6 da.

Major findings:  
Of operations Tracheotomy 12/2/44

Of autopsy Massive attachment of membrane in bronchial tree

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) XXXX

(b) Date of occurrence XXXX

(c) Where did injury occur? XXXX  
(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 E. S. Smith (M. D. or other)  
Address Kirkville Date signed 12/11/44

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-67

Date Filed JAN 9 1945

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 DEE Riley

Licensed Embalmer No. 14181

P. O. Address Herkville 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.