

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40553

State File No.

FILED JAN 15 1945
Registration District No.

Primary Registration District No. 5041

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural, Flat Creek Twp
(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)

3. (a) PRINT FULL NAME Eliza C. Hsher
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 2, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.

12. Name Arthur Parvin
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Ayer
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Jay
(b) Address Jenkins, Missouri

17. (a) Burial (b) Date thereof Sept. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leann Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) Oct. 1, 1944 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town 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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1944 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 2 1944 to Sept. 2 1944
that I last saw her alive on Sept. 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

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) (c) Means of injury

23. Signature Herbert H. Salzer (M. D. or other) MD
Address Cassville Mo Date signed Oct. 10

RECEIVED

District Health Officer No. 6,

District File Number 145-87

Date Filed JAN 12 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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.