

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41963

FILED DEC 16 1944

State File No. _____

Registration District No. 204

Primary Registration District No. 3056

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Woodville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: M. G. Cormick Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Woodville
(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 BETTIE CARTER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - Day 11 1944
year 44 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from 4 months 1944 to 11 1944;
that I last saw her alive on 11 - 11 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James L. Carter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 29 1912
(Month) (Day) (Year)

Immediate cause of death Cerebral Embolism Duration 3 ds

8. AGE: Years 32 Months 1 Days 12 If less than one day hr. _____ min. _____

Due to _____
Due to 83
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Randolph Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Joseph Reynolds
13. Birthplace Shelburne VT
(City, town, or county) (State or foreign country)
14. Maiden name Ellie Wyatt
15. Birthplace Shelburne VT
(City, town, or county) (State or foreign country)

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? _____ (e) Means of injury 0

16. (a) Informant Calvinis Lewis
(b) Address 1117 E. Ashoka St
17. (a) Woodville (b) Date thereof Nov 12 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodville Mo
18. (a) Signature of funeral director James L. Carter
(b) Address Robertly Mo
19. (a) 11-12-44 (b) Orma Noel
(Date received local registrar) (Registrar's signature)

23. Signature P. L. M. Cormick (M.D. or other) M.D.
Address Woodville Mo Date signed 11-11-44

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

368

RECEIVED

District Health Officer No. 10

District File Number 62-44-2003

Date Filed DEC 14 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.....

R. M. Carter

Licensed Embalmer No.....

4117

P. O. Address.....

Proberly 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.