

S. No. 2
M-2-43
5-17-39
P1 X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1837

State File No. _____

FILLED JAN 20 1945

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 402

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Mrs. Eliza Divers

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 25 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Dr.

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

14. Maiden name Dr.

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

16. (a) Informant Mrs. Core Slater

(b) Address 812 Westminster, Fulton, Mo.

17. (a) Funeral (b) Date thereof Dec 12, 1944
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation White Cloud Crem. Co., Call Co., Mo.

18. (a) Signature of funeral director F. J. Bell

(b) Address Fulton, Mo.

19. (a) 12-12-1944 (b) Joie Marschhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 812 Westminster Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1944 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Oct 22nd
1944 to Dec 9 1944
that I last saw her alive on Dec 2nd 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach
Radium was used for a
Due to Period of 15 years ago
Carcinoma of the cervix
Due to about 15 years ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations JA
Of autopsy 4

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)
(e) Means of injury 0

23. Signature D. W. Jones (M. D. or other) _____
Address Fulton, Mo. Date signed 12-11-44

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

1147

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-19-45

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 Eli Bell
Licensed Embalmer No. 2/30
P. O. Address Fulton, 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.