

FILED FEB 5 1945

Registration District No. 82

Primary Registration District No. 3017

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27  
(c) City or town Boonville 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 115 First St. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Margaret Lee Karrick.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert R. Karrick 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased December 13 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months \_\_\_\_\_ Days 33 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife.

11. Industry or business At home.

MOTHER FATHER { 12. Name John Woods.  
13. Birthplace Howard County, Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Sallie A. Huttzell  
15. Birthplace Howard County, Mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Linus Deuel.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Jan. 7 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonsboro Cemetery

18. (a) Signature of funeral director Goodman Hollar

(b) Address Boonville, Mo.

19. (a) Jan-5-45 (b) Dr. Chas. Swap.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5  
year 1945 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 5 1945 to Jan 5 1945  
that I last saw him alive on Jan 5 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage ✓

Due to Hypertension

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 T. R. Bessett M.D.  
Address Boonville Mo Date signed 1-6-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

2-1-45

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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.....

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.