

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9055

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
117 Massachusetts Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NOT
(Specify whether)

In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 117 Massachusetts Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Eliza Brown Carder

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James M. Carder

6. (c) Age of husband or wife if alive 27 years (Day) (Year)

7. Birth date of deceased June 27 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER

12. Name Hiram Brown

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

14. Maiden name Elizabeth (State or foreign country) Unknown

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

16. (a) Informant Mrs. J. O. Cunningham

(b) Address 117 Mass. Ave. St. Joseph, Missouri

17. (a) Removal (b) Date thereof 3/14/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockport, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) 3-14-45 (b) John P. Pickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1945 hour 4 minute 20 p. M.

21. I hereby certify that I attended the deceased from 4:30 to 3:15 1945
and that death occurred on the date and hour stated above.

that I last saw her alive on 3-10- 1945

Immediate cause of death: Chronic Coronary Heart Disease
Chronic Cardiovascular

Due to Old Age

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 930
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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. R. Fineman (M. D. or other) _____
Address 734 Ellmore Date signed 3/14/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1377

(Licensed Embalmer's Statement on Reverse Side)

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..... *Albert R. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.....

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.