. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31028

State File No.

FILED OCT 11 1945

Registration District No. 324 Primary Registration District No. 3046 Registrar's No. 1

1. PLACE OF DEATH:

(a) County MONITEAU

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

(c) Name of hospital or institution: LATHAM HOSPITAL O (If not in hospital or institution, write street number or location)

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

In this community 13 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER 66

(c) City or town Eldon 1 (If outside city or town limits, write "RURAL")

(d) Street No. SALINE TOWNSHIP 1 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MELVA BERNICE CARRANDER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 1

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Floyd CARRANDER

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased AUG. (Month) 23 (Day) 1889 (Year)

8. AGE: Years 56 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name GEORGE 1
13. Birthplace MARIETTA (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name ELLA JACKSON
15. Birthplace SALISBURY (City, town, or county) MO. O (State or foreign country)

16. (a) Informant Floyd CARRANDER

(b) Address Eldon, MO.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-5-1945 (Month) (Day) (Year)

(c) Place: burial or cremation DOOLEY CEMETERY

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Eldon, Mo.

19. (a) 9-5-45 (Date received local registrar) (b) H.R. Popejoy M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1945 hour 10 minute 27 P. M.

21. I hereby certify that I attended the deceased from Aug 22, 1945 to Sept 4, 1945 that I last saw her alive on Sept 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Duodenal ulcer (Perforating)	6 Ma
Due to: Chronic ulceration 2'	
Due to: 117b	
Other conditions: Malnutrition (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

Of autopsy No autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 L. L. Latham (M. D. or other)

Address California Mo. Date signed 9-5-45

1429 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 10-10-45

JUN 17 1954

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 Louis D. Phillips, Registered Apprentice No. , working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 26699

P. O. Address Bedford

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.