

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Malden - Rural - Union 199
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin ³⁵

(c) City or town Malden - Rural ¹
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Flora Jane Larmore

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 46 hour 5 minute 00 A.M.

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

6. (b) Name of husband or wife John N. Larmore 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: July 30 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1944 to March 15 1946
that I last saw her alive on March 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 6 yrs

8. AGE: Years 76 Months Days If less than one day
hr. min.

Due to.....

Due to.....

9. Birthplace Jasper Co. Illinois
(City, town, or county) (State or foreign country)

Other conditions Pulmonary
(Include pregnancy within 3 months of death)
Oedema

10. Usual occupation Housewife

Major findings:
Of operations.....
Of autopsy 938

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Carter

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

14. Maiden name Susan Sutton

15. Birthplace Jasper Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John N. Larmore

(b) Address Malden, Mo.

17. (a) Burial (b) Date thereof 3-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stark Cemetery - Malden

18. (a) Signature of funeral director Walter Russell

(b) Address 1108th St. Malden, Mo.

19. (a) March 23, 46 (b) Mrs. Bevel Campbell
(Date received local registrar) (Registrar's signature)

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.....

23. Signature St. Mitchell (M. D. or other)
Address Malden, Mo. Date signed 3/16/46

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

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

7917

92

RECEIVED
District Health Office No. 2,
District File Number 446-522
Date Filed 4-11-46

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.....

P. O. Address.....

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.