

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 465

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:
708 Shady Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community abt 8 months
years, months or days (Specify whether)

2. RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Shady Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY-L. CARRINGTON
(b) If veteran, name war No
(c) Social Security No. 2002

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1946, hour 5:30 minute 2 M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married; divorced wid
(b) Name of husband or wife Eli C. Carrington
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 14 April 46 to 19 April 46
that I last saw her alive on 9 April 46
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 9 Days 14
If less than one day hr. _____ min. _____

Immediate cause of death Coronary Thrombosis
Senile dementia
Due to _____
Due to _____

9. Birthplace Bath N. Y.
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

MOTHER FATHER
11. Industry or business
12. Name Orson Higgins
13. Birthplace _____
14. Maiden name Mary Beaton
15. Birthplace _____

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 _____

16. (a) Informant Mrs. Sterling Ferguson
(b) Address 2212 Unruh St Houston Tex.
17. (a) _____ (b) Date thereof 4-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cleburne Texas
18. (a) Signature of funeral director W. Ferguson
(b) Address _____
19. (a) April 22 1946 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature J. R. Hines (M. D. or other)
Address 825 Clark St Date signed April 19 1946

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

Dr. Fredy Thompson
9 of Columbus

MAY 16 1953

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

John Roy Stoney

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

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.