

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **228511**

FILED AUG 28 1946

Registration District No. _____

Primary Registration District No. **5081**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **East Boone Rural, Drexel Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **36 years** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Case 19**
(c) City or town **Rural Drexel MO**
(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 **Nevora Ann Carson**

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

4. Sex **Female** 5. Color or race **w.** 6. (a) Single, widowed, married **married**
6. (b) Name of husband or wife **Harry Carson** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **4 - 5 - 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **19** If less than one day hr. _____ min. _____

9. Birthplace **Rush Hill Bates Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Edward Scott**
13. Birthplace **Ill.** (City, town, or county) (State or foreign country)
14. Maiden name **Frances Edwards**
15. Birthplace **Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Carson**

(b) Address **Drexel MO**

17. (a) **Burial** (b) Date thereof **7-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burdett Cemetery**

18. (a) Signature of funeral director **Atkinson Bros**

(b) Address **Arme MO**

19. (a) **7-31-46** (b) **Myra Owens**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24th**
year **1946** hour **6** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1943** to **July 24 1946**
that I last saw him **alive on June 1 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Softening of Brain** Duration **2 yrs**
Due to **Cerebral Hemorrhage**
2 yrs ago
Due to **Cerebral Arteriosclerosis**

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

Major findings: Of operations _____
Of autopsy **530**
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?

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature **Basil Offenberg M.D.** (M. D. or other)
Address **Drexel MO** Date signed **7/26/46**

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

REC

CL

CL

Date Filed

Register No. 7,

7-46-79.9

8-7-46

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

Lloyd Atkinson

Licensed Embalmer No.

3970

P. O. Address

Harrisville

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.