

FILED SEP 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 292

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZA FILES
 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 Married
 6. (b) Name of husband or wife Carey Files
 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased April 7, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 3 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Bob Wilson
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof July 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Caldwell Bros.
 (b) Address Flat River, Missouri

19. (a) 9-20-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
 (c) City or town Esther
(If outside city or town limits, write "RURAL")
 (d) Street No. Unknown
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1946 hour 7 minute 34 P. M.

21. I hereby certify that I attended the deceased from July 1, 1946 19____ to July 27, 1946 19____;
 that I last saw h. or alive on July 27, 1946 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration _____

Due to arteriosclerosis

Due to _____

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

Major findings: 93D
 Of operations _____

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? Yes

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

23. Signature George W. Reuro (M. D. or other) MD
 Address Farmington, Mo Date signed 9/27/46

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

RECEIVED

Health Officer No. 4
District File Number 946-2661
Date Filed 9-24-46

AUG 31 1946

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 W. A. Baldwin
Licensed Embalmer No. 3317
P. O. Address Flat River mo

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.