

U. S. No. 2  
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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22528

Registration District No. 374

Primary Registration District No. 4530

Registrar's No. 374

1. PLACE OF DEATH:

(a) County *Worth*

(b) City or town *Sherridan*  
(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 *30*  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Worth*

(c) City or town *Sherridan*  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? *no* (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME *Carrie Early*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *17* 19*46*  
year *1946* hour *2* minute *30* A.M.

21. I hereby certify that I attended the deceased from *March 10*, 19*46* to *Sept - 6*, 19*46*  
that I last saw her alive on *Sept. 2*, 19*46*  
and that death occurred on the date and hour stated above.

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced, *single*

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

7. Birth date of deceased *Dec 1877*  
(Month) (Day) (Year)

Immediate cause of death  
*Mitral Regurgitation of Aortic Valve*

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

8. AGE: Years *68* Months *9* Days *5* If less than one day hr. min.

9. Birthplace *Uniontown Kentucky*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Housekeeping*

Major findings: Of operations.....

Of autopsy *no*

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

11. Industry or business.....

12. Name *Thosat Early*

13. Birthplace *Mason Co. Kentucky*  
(City, town, or county) (State or foreign country)

14. Maiden name *Margie James*

15. Birthplace *Uniontown Kentucky*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Evelyn Early*

(b) Address *Chicago, Ill.*

17. (a) *Burial* (Burial, cremation, or removal) Date thereof *9-8-46*  
(Month) (Day) (Year)

(c) Place: burial or cremation *Sherridan Cem*

18. (a) Signature of funeral director *W. C. Dwyer*

(b) Address *Sherridan City, Mo.*

19. (a) *9-9-46* (Date received local registrar) (b) *Delta E. Dawson*  
(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 *Thosat Early* (M. D. or other).....  
Address *Sherridan Mo* Date signed *Sept 14*

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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**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..... *Arch C. Dunfee* .....

Licensed Embalmer No. *3252* .....

P. O. Address. *Grant city, 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.**