

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 11 1946
 Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Waynesville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Waynesville General
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edna Martha Carine

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

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married /
 6. (b) Name of husband or wife Arlie Craine 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 22, 1906
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 00 11 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William R. Huffman
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Harmon
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant William R. Huffman
 (b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 10/6/1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Saton Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
 (b) Address Dixon, Mo.

19. (a) 10-9-46 (b) Louise B. McClintock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1946 hour 10 (approx) minute 15 M.
 21. I hereby certify that I attended the deceased from Jan -
1946 to 3-Oct 1946
 that I last saw him alive on 3-Oct 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia
Pulmonary metastasis
Caecum and cervix
 Other conditions Widespread metastasis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 E. Hughes (M. D. or other)
 Address Dixon Date signed 3-Oct-46

(Licensed Embalmer's Statement on Reverse Side)

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

351

NOV 1 1946

NOV 26 1946

NOV 19 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.....

Oct. 3rd - 1946....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred H. Gilbert

Licensed Embalmer No.....

2341

P. O. Address.....

Sixon 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.