

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39975**
Registrar's No. **129**

FILED DEC 23 1946

Registration District No. **723** Primary Registration District No. **4134**

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

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Smithville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Smithville Community Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Helen Horn Carothers
 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 Victor L. Carothers
 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased October 20 1916
(Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 14
If less than one day hr. min.

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

10. Usual occupation housewife
 11. Industry or business "

MOTHER FATHER
 { 12. Name William K. Horn
 { 13. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mora West
 { 15. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Spellman
 (b) Address Smithville, Missouri

17. (a) burial (b) Date thereof 12-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Platte City, Mo. Cemetery

18. (a) Signature of funeral director Rollins - Mitchell
 (b) Address Platte City, Missouri

19. (a) Dec 2 - 1946 (b) Beulah Kitchin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Platte City, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. - (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 2
 year 1946 hour 11 minutes P M.
 21. I hereby certify that I attended the deceased from May 15, 1946, to Dec 2, 1946,
 that I last saw her alive on Dec 2, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia
Toxemia of Pregnancy
 Due to -
 Due to -
 Other conditions -
(Include pregnancy within 3 months of death)

Major findings: 144A
 Of operations -
 Of autopsy No

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?
no

23. Signature [Signature] (Specify type of place) (M. D. or other)
 Address Smithville Mo. Date signed 12-4-46

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

603

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-14-46

MAY 22 1947

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 Frances M. Giffie

Licensed Embalmer No. 4393

P. O. Address Platte 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.