

No. 2
4-13-40
5-17-39
-I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43245**

FILED DEC 23 1946

Registration District No. **343**

Primary Registration District No. **6154**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 Miles N. West Marshouse
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 M. N. West Marshouse
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME INDIANA ERWIN

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife C. L. Brown 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April 27 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER, FATHER { 12. Name Frank Myers
13. Birthplace _____
14. Maiden name Mary Biggs
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Whitwell
(b) Address Sikeston, Mo.

17. (a) Rural (b) Date thereof 12/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston

18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Mo.

19. (a) Dec 10 - 1946 (b) Mrs. Kate Hawley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-4
1946, to 12-4, 1946
that I last saw 4 alive on 12-4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 4 days

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of 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?

23. Signature J. M. Jones (Specify type of place) Mo.
Address Marshouse, Mo. (e) Means of injury _____
Date signed 12-5-46

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 23

District File Number 1246-1469

Date Filed 12-16-46

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 James M Scott
Licensed Embalmer No. 4250

P. O. Address East Prairie, 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.