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17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43484

State File No. _____

FILED JAN 30 1947

Registration District No. 138

Primary Registration District No. 5523

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Hickory (Green Journalism)

(b) City or town Pittsburg Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/4 Miles North of Pittsburg.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory **43**

(c) City or town Pittsburg Rural **0**
(If outside city or town limits, write "RURAL")

(d) Street No. 1 1/4 Miles North of Pittsburg.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country None **0**

3. (a) PRINT FULL NAME Carolyn Sue Degraffewein

3. (b) If veteran, name war None

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29,
year 1946 hour 3 minute 0 M.

5. Color of Female White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Child

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

7. Birth date of deceased Mar. 15, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from after death, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease **entire life**

8. AGE: Years 4 Months 9 Days 14
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

Major findings:
Of operations _____

10. Usual occupation Child

Of autopsy _____

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

11. Industry or business _____

12. Name Albert Degraffewein

13. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Domagala Pitts

15. Birthplace Hickory County Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Albert Degraffewein

(b) Address Sumnerville, MO

17. (a) Funeral (b) Date thereof Dec 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Cemetery
Green and Blue

18. (a) Signature of funeral director W. W. Hargiss

(b) Address Palmar, MO

19. (a) Jan 20-1947 W. W. Hargiss
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature E. D. Bailey (M. D. or other) **7**

Address Wheatland, MO Date signed Jan 20-1947

JAN 30 1941

67-62-1

12-4-24

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

Oby Jester

Licensed Embalmer No.

4254

P. O. Address

Bolivar, m

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.