

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8266**

FILED APR 9 1947

Registration District No. **61**

Primary Registration District No. **4107**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **CECIL**  
(b) City or town **EL DORADO SPRINGS**  
(If outside city or town limits, write "RURAL" and name of township)  
**HOMER**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CECIL**  
(c) City or town **EL DORADO SPRINGS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **202 N GRAND**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS. MARY E. COOK**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION.  
20. DATE OF DEATH: Month **MARCH** day **27**  
year **1947** hour **12** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **Jan 10th** 19**47** to **Mar 27** 19**47**  
that I last saw him alive on **Mar 26** 19**47**  
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JAN 1 1866**  
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis**  
Due to **Arthritis**

8. AGE: Years Months Days If less than one day  
**81 2 26** hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **AD**

9. Birthplace **BUNKER HILL ILL.**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation **HOUSEWIFE**

11. Industry or business \_\_\_\_\_

22. If death was due to external causes, fill in the following:

12. Name **HUGH GOVERN 4**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

13. Birthplace **SCOTLAND**  
(City, town, or county) (State or foreign country)

(b) Date of occurrence \_\_\_\_\_

14. Maiden name **UNKNAWN**

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **Jesse Cook**

(Specify type of place) \_\_\_\_\_ (e) Means of injury **2**

(b) Address **202 N Grand El Dorado Springs Mo**

23. Signature **C. H. Hunterworth** (M. D. or other) **MO**

17. (a) **BURIAL** (b) Date thereof **3-30-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

Address **El Dorado Springs Mo** Date signed **3-28-47**

(c) Place: burial or cremation **El Dorado Springs Mo**

18. (a) Signature of funeral director **Twinn Coakley**  
(b) Address **El Dorado Springs Mo**

19. (a) **3/21/47** (b) **J. C. Brannon**  
(Date received local registrar) (Registrar's signature)

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

53

RECEIVED  
District Health Officer No. 7,  
District File Number 3-47-407  
Date Filed 4-8-47

**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

*Lloyd E. Carothers*

Licensed Embalmer No. 4419

P. O. Address *Eldorado Springs*

**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.