

No. 2
12-45
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16831

State File No.

FILED JUN 10 1947

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Coedar
(b) City or town Edwards Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Nursing H 4
(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 Coedar 20
(c) City or town Edwards Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. 214 West Spring 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA S KING

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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: Oct 29 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Nathaniel Smith 9

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J Buford King

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof 5-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collins, Mo

18. (a) Signature of funeral director Winn Sanders

(b) Address Edwards Springs Mo

19. (a) 5/23/47 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 02 minute 30P M.

21. I hereby certify that I attended the deceased from July 1945, to May 20 1947
that I last saw her alive on May 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: _____
Of operations: _____

Of autopsy: 93P

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature C. H. Underwirth (M. D. or other) DO
Address Edwards Springs Date signed 5-23-47

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

RECEIVED
District Health Officer No. 7,
5-47-707
District File Number 6-9-47
Date Filed

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.....

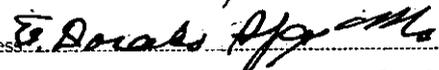
working under my personal supervision.

Signed.....



Licensed Embalmer No. 2034

P. O. Address.....



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.