

Registration District No. **77** Primary Registration District No. **3016**

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 734 Indiana 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 40 years

3. (a) PRINT FULL NAME Ida Cardwell

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 53

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan 11 1887
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>60</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business At Home

MOTHER FATHER

12. Name Elex Williams

13. Birthplace Miller County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emmie James

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

16. (a) Informant Curtis Fairwell

(b) Address 734 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-47
(Month) (Day) (Year)

(c) Place: burial or cremation Kaiser, Mo.

18. (a) Signature of funeral director Janner Service

(b) Address 700 Jefferson

19. (a) 5-20-47 (Date received local registrar) (b) R. P. Davis M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 734 Indiana
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1947 hour _____ minute 15pm M.

21. I hereby certify that I attended the deceased from 5-9
1947, to 5-10 1947

that I last saw her alive on 5-10
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

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

Major findings: 43A
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Carnegie (M. D. or other) MD
Address 1400 E. 1st Bldg Date signed 5/12/47

NOV 2 1947

Date Filed 5-22-47

District File Number

District Health Officer No. 9

RECEIVED

JUL 20 1950

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.....

Harold T. Freeman....., Registered Apprentice No. 481
working under my personal supervision.

Signed J. H. Anderson.....

Licensed Embalmer No. 3641.....

P. O. Address 2nd.....

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.