

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17062**
Registrar's No. **3**

Registration District No. **117**

Primary Registration District No. **5436**

1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **RURAL BOULWARE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEAR MT. STERLING MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **8 YEARS** (Specify whether years, months or days)
In this community **8 YEARS**

3. (a) PRINT FULL NAME **EFFIE VIRGINIA CARWILE**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **NONE** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **FEB. 12 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 16 hr. min.

9. Birthplace **OSAGE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)?

10. Usual occupation **HOUSE WORK**

11. Industry or business **✓**

12. Name **NOT KNOWN (NOT MARRIED)**

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

14. Maiden name **SUARY CARWILE**

15. Birthplace **OSAGE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)?

16. (a) Informant **JOHN CARWILE**

(b) Address **BAY MO.**

17. (a) **BURIAL** (b) Date thereof **5-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LANE CEM. USEFUL MO.**

18. (a) Signature of funeral director **Midford H. H. H. H.**

(b) Address **OWEN S. L. MO.**

19. (a) **5/29/47** (b) **Chas. E. H. H. H.**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **NEAR MT. STERLING**
(If rural, give location)
(e) Citizen of foreign country? **✓** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **28**
year **1947** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 1947** to **May 28 1947**
that I last saw him alive on **March 27 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Breast**
Extending to all parts of Body
Due to **3 yrs**
Due to **3 yrs**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **50**
Of autopsy **50**

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 **5-30-47**
(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 **✓**
3. Signature **Chas. E. H. H. H.** (M.D. or other) **Chas. E. H. H. H.**
Address **Chas. E. H. H. H.** Date signed **5/29/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed JUN 9 1947

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 Me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Wilford H. H. Winter

Licensed Embalmer No.

3838

P. O. Address

Owensville 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.