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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21940

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 136

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Boone 10
(c) City or town Centralia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Oma Jewel Carey

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife W. J. Carey

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

7. Birth date of deceased July (Month) 2 (Day) 1883 (Year)

8. AGE: Years 53 Months 11 Days 0 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Grand Woods

13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

14. Maiden name Rebecah McGee

15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Priscilla Benson
(b) Address Centralia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date then June 4 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Burial

18. (a) Signature of funeral director Frank Jennings
(b) Address Centralia Mo.

19. (a) June 4 47 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year 1947 (hour 7) minute 40 A.M.

21. I hereby certify that I attended the deceased from May 27 1947 to June 2 1947 that I last saw her alive on June 2 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	10 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) D.O.
Address 2034 N. Olive St. Moberly Date signed 6-1-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-231
Date Filed JUN 17 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed George Jessman

Licensed Embalmer No. 4279

P. O. Address Centralia 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.