U. S. No. 2
DM—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26677

FILED AUG 27 1947

Registration District No. 13 | Primary Registration District No. 3003 | Registrar's No. 53

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Monett (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 3 miles West of Pierce City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Carolina Cristene Elmer
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: Widowed
6. (b) Name of husband or wife: Adam Elmer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 16, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	7	hr. min.

9. Birthplace: Putnam County, Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Henry Evers
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Not known
15. Birthplace: Not known (City, town, or county) (State or foreign country)
16. (a) Informant: Anna E. Weber
(b) Address: 1449 Benton St., St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Agnes Cemetery
18. (a) Signature of funeral director: Wilks Bros.
(b) Address: Pierce City Mo.
19. (a) 8-21-47 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1947 hour 6 minute 05 P. M.
21. I hereby certify that I attended the deceased from April 2, 1947 to June 21, 1947; that I last saw her alive on June 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory Collapse	1 hr.
Due to: Emaciation & dehydration	6 mos.
Due to: Carcinoma of Cervix with Metastasis	3 yrs.
Other conditions (Include pregnancy within 3 months of death): Secondary Bronchopneumonia	~~1 wk.~~

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: F. L. Edwards (M. D. ~~or other~~)
Address: Pierce City, Mo. Date signed: Aug 20, 47

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

AUG 27 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~~ Edwin P. Wilks, Registered Apprentice No. ....., working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address Bence City 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.