

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Jefferson City
(b) City or town Jefferson City
(c) Name of hospital or institution St. Mary's Hospital
(d) Length of stay: In hospital or institution One wk
In this community One wk

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps
(c) City or town Rolla
(d) Street No. 209 Walnut St
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME LAURAE UNDERWOOD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Beth Underwood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 3 1890

8. AGE: Years 77 Months 1 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Mansfield Mo

10. Usual occupation Stenographer

11. Industry or business _____

12. Name Wm. Hutchinson

13. Birthplace Mo

14. Maiden name Louise Crewson

15. Birthplace Mo

16. (a) Informant Hestie Underwood

(b) Address Rolla Mo

17. (a) Remains Burial (b) Date thereof 9-2-47

(c) Place: Burial or cremation Rolla Mo

18. (a) Signature of funeral director M. J. Hutchins
(b) Address 508 W. 8th St. Rolla Mo

19. (a) 9-5-47 (b) R. G. Harrison Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 31 year 47 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from Aug 24 1947 to Aug 30 1947 that I last saw her alive on Aug 30 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral hemorrhage

Due to Petrosclerosis

Other conditions: _____

Major findings: Of operations _____

Of autopsy _____

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

26
5
4

OCT 31 1947

Date Filed SEP 11 1947

District File Number

District Health Officer No. 9

RECEIVED

Handwritten scribbles

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.....

Paul G. V. Miller

Registered Apprentice No. *428*

working under my personal supervision.

Signed.....

Paul G. V. Miller

Licensed Embalmer No. *32397*

P. O. Address..... *Roller vno*

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.