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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11260**  
Registrar's No. **60**

Registration District No. **360**

Primary Registration District No. **3076**

1. PLACE OF DEATH:

(a) County **Vernon**  
(b) City or town **Nevada**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**at home - 128 So. Pine St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **some time** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Vernon**  
(c) City or town **Nevada**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **128 South Pine Street**  
(If rural, give location)  
(e) Citizen of foreign country? ~~yes~~ **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth L. Carlson**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Mar. 11 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 11 24** hr. min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home keeper**

11. Industry or business \_\_\_\_\_

12. Name **Unknown - Peterson**

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

14. Maiden name **Unknown**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. J. M. Speer**

(b) Address **Nevada Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-8-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Newton Burial Park**

18. (a) Signature of funeral director **Allen E. Kays**

(b) Address **Nevada Mo**

19. (a) **3-22-48** (Date received local registrar) (b) **Nathyn Nancy** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6<sup>th</sup>**  
year **1948** hour **7** minute **15 PM**

21. I hereby certify that I attended the deceased from **MARCH 6<sup>th</sup>**, 19**48**, to **MARCH 6**, 19**48**; that I last saw her alive on **MARCH 6**, 19**48**; and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION** Duration **15 min**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **NONE**

Of autopsy **NONE**

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 **0**

23. Signature **Wm. H. Miller, MD** (M. D. or other) Address **Nevada Mo** Date signed **3-12-48**

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

8767 E2 AON

RECEIVED  
District Health Officer No. 7,  
District File Number 2-48-306  
Date Filed 2-29-48

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 Alvin J. Hayes  
Licensed Embalmer No. 1968  
P. O. Address Nevada 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.