No. 300
10-47
5-17-39
3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 61

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4107

State File No. 18917

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chambers Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Springs. 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zela B. Carey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 7 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	27	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Carey
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Emma VanWinkle
15. Birthplace (City, town, or county) Ill. 1 (State or foreign country)

16. (a) Informant Ira VanWinkle
(b) Address 301 E. Martin, ElDorado Spgs., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation ElDorado Springs Cem.

18. (a) Signature of funeral director Gwinn-Carothers
(b) Address El Dorado Springs, Mo.

19. (a) 5-7-48 (Date received local registrar) (b) Jack C. Brannon (Registrar's signature) 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1948 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Apr 30, 1948 to May 3, 1948
that I last saw him alive on May 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
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 2

23. Signature C. Kenderwith (M. D. or other) D.O.
Address El Dorado Spgs. Date signed 5-7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 798
Date Filed 7-14-48

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 Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address Eldorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July 25

Registration District No. 61 Primary Registration District No. 4107 Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zela B Carey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Dem

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 7 (Month) 1 (Day) 88 (Year)

8. AGE: Years 66 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 5-7-48 (Date received local registrar) (b) H Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 3 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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:

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(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-18917