

30 JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18320
Do not use this space.

1. PLACE OF DEATH

(a) County Wass Registration District No. 159
(b) Township W. R. Primary Registration District No. 5224 Registered No. 5
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Anna Bell Carey

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. J. Carey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1872

7. AGE YEARS 65 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house keeper
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasburg Mo.

13. NAME Shirley W. Rollins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasburg Mo.

15. MAIDEN NAME Elizabeth O. Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasburg Mo.

17. INFORMANT (ADDRESS) W. J. Carey Strasburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Strasburg Mo. 5/12 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Beckman Pleasant Hill Mo.

20. FILED 5/15 1939 W. Beckman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 19 1939 to May 10 1939
I last saw him alive on May 10 1939. Death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
hypertension
Date of onset unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) W. Beckman, M. D.
150 (Address) Strasburg, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

D. A. Nofsinger

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

D. A. Nofsinger

Licensed Embalmer No. *3938*

P. O. Address *Pleasant Hill*

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, above space should be left blank.