DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43204

Registration District No. 237

Primary Registration District No. 4144

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade 2

(b) City or town Greemfield, Mo.
(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 Ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Dade

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ella Zimmerman Carlson 642

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 Widow

6. (b) Name of husband or wife Fred Carlson

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

7. Birth date of deceased Sept. 8, 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	1	26	hr. min.

9. Birthplace Greenfield, Mo. R.F.D.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business 0

FATHER
12. Name Billie Boyd 0
13. Birthplace Greenfield, Mo. R.F.D.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Russell
15. Birthplace Greenfield, Mo. R.F.D.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ema Sledd
(b) Address Amoret Mo

17. (a) Burial Cem. (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Fanning Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield Mo.

19. (a) Dec 5-1939 (Date received local registrar) (b) Geo. L. Weir (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1939. hour 4 minute A M.

21. I hereby certify that I attended the deceased from June 10 39 ~~Nov 3~~, 1939 to Nov 3, 1939
that I last saw her alive on Nov 3, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess, Lime complicating Cholecystitis

Due to

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholecystitis

Of autopsy ✓

Duration
Nov 1 39
June 10 39

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 ✓

23. Signature J. W. Shannon DO (M. D. or other)
Address Greenfield Mo Date signed Nov 2 39

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 1239-2616
Date Filed DEC 21 1939

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~~ J. W. Ward, Registered Apprentice No. ..... working under my personal supervision.

Signed J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield N

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

If this body is not embalmed, above space should be left blank.