

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

6218
Do not use this space.

FILED MAR 8 - 1940

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
 (b) Township Carrollton Primary Registration District No. 3010 Registered No. 17
 (c) City Carrollton (d) Street No. Scovron Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. 542 Shirley Elizabeth Samuels St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 6 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-40, 19____
 22. I HEREBY CERTIFY, That I attended deceased from 1-31-40, 19____, to 2-4-40, 19____
 I last saw her alive on 2-4-40, 19____. Death is said to have occurred on the date stated above, at 12:19 p.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
 Other contributory causes of importance: Bronchopneumonia
 Date of onset 1-31-40

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Carroll Co Mo. 0

FATHER

13. NAME Clarence Earl Samuels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo 0

MOTHER

15. MAIDEN NAME Melba Shields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo 0

17. INFORMANT (ADDRESS) Clarence Earl Samuels Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cate Hill DATE Feb 6 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. Johnson Boggs Mo.

20. FILED 2/5, 1940 John Haskin Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) A. B. Drown, M. D.
 (Address) Carrollton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 8,
District File Number
Date Filed 3/7/40

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, Minsky

....., or by,
Registered Apprentice No....., working under my personal supervision.

Signed E. Duker
Licensed Embalmer No. 2534
P. O. Address Bogard, 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, above space should be left blank.