No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20150

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5098

PAID JUL 7 1940

1. PLACE OF DEATH:

(a) County 1

(b) City or town Stlouis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis Children's Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days) In this community 6 wks.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town 719 Taylor NR (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Georganne Everding 163

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Chris

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

7. Birth date of deceased 2 (Month) 17 (Day) 40 (Year)

8. AGE: Years | Months 3 | Days 17 | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Calvin G Everding
13. Birthplace Moberly Mo (City, town, or county) (State or foreign country)

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

16. (a) Informant [illegible]
(b) Address 500 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan & Son
(b) Address Moberly Mo

19. (a) JUN 11 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4 year 40 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from 4-18-, 1940 to 6-4-, 1940 that I last saw her alive on 6-4-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory collapse - increased intracranial pressure - meningitis - purulent type undetermined - post operative	
Due to Hydrocephalus & spina bifida	since birth
Due to	
Other conditions (Include pregnancy within 3 months of death)	

157

Major findings:
Of operations Hydrocephalus - spina bifida
Of autopsy Meningitis Arnold Chiari defect, hydrocephalus, spina bifida

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 1

23. Signature [illegible] (M. D. or other)
Address 500 S Kingshighway Date signed 6-4

(Licensed Embalmer's Statement on Reverse Side)

5098

5098

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 Howard P. Rowland

Licensed Embalmer No. 2114

P. O. Address Phoenix, M

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.