

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. 6099

1. PLACE OF DEATH:

(a) County Stoddard *Carter Inn*

(b) City or town Dudley, Route #2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 0
(Specify whether)

In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Stoddard

(c) City or town Dudley Route # 2.
(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 Eleanora M. Deardorff

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 Daniel W. Deardorff 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Nov. 23, 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 25 If less than one day
hr. min.

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry S. Keith

13. Birthplace Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Deardorff

(b) Address Dudley, Mo. Route 2

17. (a) Burial (b) Date thereof Oct. 20, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harper cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Chilesfield, Mo.

19. (a) Oct. 26, 1940 (b) Loonie Lurch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 1940
year 1940 hour 11.50 *P. minute *** M.

21. I hereby certify that I attended the deceased from Oct. 16, 1940 to Oct. 19, 1940
er Oct. 18, 1940

that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Old age

Due to _____

Other conditions None found
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) NO

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

8-95 (Specify type of place)
While at work? (e) Means of injury _____

23. Signature W. G. ... (M. D. or other) !
Address ... Date signed 10-22-40

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

3

RECEIVED

District Health Officer No. 2,

District File Number 140-1690

Date Filed 11/12/40

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, or by.....

..... Registered Apprentice No.....

..... working under my personal supervision.

Signed

Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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, fact should be so stated above.