FILED JAN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 43183

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 359

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

**1. PLACE OF DEATH:**

(a) County Marion

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

(c) Name of hospital or institution 223 Section (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in hospital (Specify whether In this community Entire life years, months or days) 11

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion

(c) City or town Hannibal (If outside city or town limits write "RURAL")

(d) Street No. 223 Section (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME Carrie B. Wing

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George King

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

7. Birth date of deceased October (Month) 18 (Day) 1872 (Year)

8. AGE: Years 72 Months 2 Days — If less than one day hr. min.

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

10. Usual occupation At Home 0

11. Industry or business —

FATHER
12. Name (Do not know) 9
13. Birthplace (Do not know) (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name (Do not know)
15. Birthplace (Do not know) (City, town, or county) (State or foreign country)

16. (a) Informant John L. Brooks

(b) Address 403 E. St. Louis St. De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address Hannibal Missouri

19. (a) Dec 23 '40 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 16th year 1940 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct 2 1940 to Dec 16 1940 that I last saw her alive on Dec 15-40 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocarditis | |
| Due to | |
| Due to | |
| Other conditions Nephritis (Include pregnancy within 3 months of death) | 1 yrs |

Major findings:
Of operations
Of autopsy

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? 4 0 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. M. Fox (M. D. ~~or other~~)

Address 1216 Center Date signed Dec 18-40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Geo. E. Robarts

Licensed Embalmer No. 2113

P. O. Address Hannibal

**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.**