

No. 2
13-40
17-39
X23139

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2933

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1220 So. Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community fifteen years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper #9
(c) City or town Carthage Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 South Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hattie E Raxenocrat

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Rax 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased Sept. 13 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Shelbyville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

12. Name Chapman Cross

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Olga Headlee 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E J Beck
(b) Address 1220 S. Main, Carthage Mo

17. (a) Burial (b) Date thereof Jan 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director W. H. Montgomery
(b) Address Carthage Mo
19. (a) Jan. 13, 1941 (b) E. J. Beck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th
year 1941 hour 12:00 minute 15 A.M.

21. I hereby certify that I attended the deceased from December 29th, 1940, to January 11th, 1941;
that I last saw her alive on January 10th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration Two Weeks

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
Of autopsy None

Duration
Two Weeks
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?
None

(Specify type of place) While at work _____ (e) Means of injury _____
23. Signature George H. Wood (M. D. or other) M. D.
Address 304 Grant St. Date signed 1/13/41

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

19
1
3

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..... *Ernest R. Stuebel*

Licensed Embalmer No. *391*

P. O. Address *Carehays*

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.