

S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7741

MAR 25 1941

State File No. _____

Registration District No. 632

Primary Registration District No. X382

Registrar's No. 9

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

1. PLACE OF DEATH: Oregon
 (a) County: Thayer
 (b) City or town: Thayer
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community: Lifetime
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Bessie M. Eder
 3. (b) If veteran, name war: _____
 3. (c) Social Security No.: 487-07-1174

4. Sex: Female
 5. Color or race: White
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife: _____
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: March 22 1903
 (Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days - If less than one day hr. min.

9. Birthplace: Thayer Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: Clerk
 11. Industry or business: Ladies' Ready to Wear

MOTHER FATHER
 12. Name: Otto Eder
 13. Birthplace: Oregon
 (City, town, or county) (State or foreign country)
 14. Maiden name: Frazier
 15. Birthplace: Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant: Otto Eder
 (b) Address: Thayer, Mo.

17. (a) Burial (b) Date thereof: 2/23/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Thayer Cem.

18. (a) Signature of funeral director: Leo. Carr.
 (b) Address: Thayer, Mo.

19. (a) MAR. 5. 1941 (b) Lola E. Johnson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Oregon 75
 (c) City or town: Thayer
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
 year 1941 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from Feb 15
 1940, to Feb 22 1941;
 that I last saw her alive on Feb 21 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death:
 Carcinoma of Cervix
 & Metastases to Bladder

Due to: and Intestines

Due to: 4 ga

Other conditions (Include pregnancy within 3 months of death)

Major findings: Diagnosis confirmed by
 Of operations: cerebral Biopsy
 Of autopsy: _____

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?
 563 (Specify type of place)

While at work _____ (e) Means of injury

23. Signature: _____ M.D. or other _____
 Address: _____ Date signed: 2-25-41

RECEIVED

District Health Officer No. 5,

District File Number 341369

Date Filed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.