FILED JUN 13 1941

No. 2
-10-39
17-39
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. 18880

Registration District No. 769 Primary Registration District No. 6013 Registrar's No. 6

1. PLACE OF DEATH:
(a) County St Clair
(b) City or town RURAL - SPEEDWELL, TWP
(If outside city or town limits, write "RURAL" and name of township)
(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 —
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St Clair 93
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. SPEEDWELL, (TWP) 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME EFFIE E. FOLGER
3. (b) If veteran, name war —
3. (c). Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Everette M Folger
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 11 (Day) 1883 (Year)

8. AGE: Years 57 Months 11 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Mo
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name G. M. Tabor
13. Birthplace (City, town, or county) (State or foreign country) Ohio
14. Maiden name Martha J Gregg
15. Birthplace (City, town, or county) (State or foreign country) Ohio
16. (a) Informant E. M. Folger
(b) Address El Dorado Springs Mo. R 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Martin (Cem)
18. (a) Signature of funeral director Gurim Sides
(b) Address El Dorado Springs, Mo
19. (a) 5/10/41 (Date received local registrar) (b) Mrs J W Richardson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from March 8, 1941 to May 8, 1941 that I last saw her alive on April 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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

23. Signature J. R. Williams (M. D. or other) 0
Address El Dorado Springs Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-41-992
Date Filed 6-10-41

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 O B Siders

Licensed Embalmer No. 32-50

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.