

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

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31168

Registration District No. 104

Primary Registration District No. 5153

Registrar's No. 212

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Fulton Twp
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
One Mile South Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. One Mile South Fulton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Oliza S. Carrington

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex 41

5. Color or race W

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

6. (b) Name of husband or wife H. D. Carrington

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

7. Birth date of deceased October 2 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Herring

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

14. Maiden name Hester Ann Kemp

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

16. (a) Informant Mrs Floyd Maddox

(b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof Aug 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdett Cemetery

18. (a) Signature of funeral director Lee H. Wallace

(b) Address Fulton, Missouri

19. (a) Aug 3, 1941 (b) R. H. Cress
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd
year 1941 hour 8 1/2 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 15, 1941, to Aug 2, 1941,
that I last saw her alive on July 31, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Senile gangrene Duration 2 months

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Asst

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? _____

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

23. Signature R. H. Cress (M. D. or other) _____

Address Fulton, Mo Date signed 8, 3, 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 *Harold J. Christey*
Licensed Embalmer No. *400 B*
P. O. Address *Pultow, N.J.*

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, fact should be so stated above.