S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38031

FILED DEC 3 1939

Registration District No. 139

Primary Registration District No. 5200

State File No.

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Dawn Mo. (Rural) 0
(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.

3. (a) PRINT FULL NAME Naomia Aurwarter

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Luther Aurwarter

6. (c) Age of husband ~~or wife~~ if alive 45 years

7. Birth date of deceased July (Month) 24 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	4	0	hr. min.

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

10. Usual occupation House Keeper

11. Industry or business ✓

FATHER
12. Name William Earp
13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Hatcher
15. Birthplace Tennessee (City, town, or county) (State or foreign country) 1

16. (a) Informant Luther Aurwarter

(b) Address Dawn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26, 1941 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Enon

18. (a) Signature of funeral director E. A. Dunn

(b) Address Bogard Mo

19. (a) Nov 26-1941 (Date received local registrar) (b) Mrs R. A. Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24th year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 4 1940, 19, to November 24, 1941 that I last saw her alive on Oct 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Interstitial Nephritis	
Due to	
Due to 131a	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. M. Benson (M.D. or other)

Address Carrollton Mo Date signed Nov 24, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-2-41

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 E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard Mo

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.