. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36633

Registration District No. 38 Primary Registration District No. 3006-5120 Registrar's No. 261

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

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 700 N. 7th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: XX

3. (a) PRINT FULL NAME: Mandy Elizabeth Carey

3. (b) If veteran, name war: XX

3. (c) Social Security No.: XX

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Robert Carey

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

7. Birth date of deceased: Nov. 10th 1867 (Month) (Day) (Year)

8. AGE: Years: 75 Months: 0 Days: 4 If less than one day ..... hr. ..... min.

9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Wesley Benedict
13. Birthplace: (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name: Nancy Stone
15. Birthplace: Boone Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Greene Carey
(b) Address: Columbia Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/15-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Red Rock Cem.

18. (a) Signature of funeral director: R. Overend
(b) Address: Columbia Mo

19. (a) 11-20-1942 (Date received local registrar) (b) Edna H. Barlow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 14th year: 1942 hour: 4:40 minute: P. M.

21. I hereby certify that I attended the deceased from Sept-22, 1942, to Nov-14, 1942, that I last saw her alive on Nov-14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations: none
Of autopsy: none

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: F. C. Suggett (M. D. or other) M.D.
Address: Columbia, Mo. Date signed: 11-20-42

528
23/42

1250 (Licensed Embalmer's Statement on Reverse Side)

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 R. O'Brien NOV 24 1949

Licensed Embalmer No. 3783

P. O. Address Columbia 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, fact should be so stated above.