

37279

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 11 1942

Registration District No. 408Primary Registration District No. 3020Registrar's No. 239

1. PLACE OF DEATH: Jasper County  
 (a) County Meredith Evaline Dubry  
 (b) City or town Carthage  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Stone Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 Days (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME MEREDITH EVALINE DUBRY  
 8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Lawrence Dubry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 12th, 1895  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 11 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace West Union, Nebr.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name H. A. Tannon  
 { 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Unknown  
 { 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Glenn Letsker  
 (b) Address 1014 Cedar St., Carthage, Mo.

17. (a) Burial (b) Date thereof 11-23-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer  
 (b) Address 1208 Garrison, Carthage, Mo.

19. (a) 11/23/42 (b) Elizabeth Couplin  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49  
 (a) State Missouri (b) County Jasper  
 (c) City or town Carthage  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1122 Cedar St. (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th,  
 year 1942 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from Nov 9  
 \_\_\_\_\_, 1942 to Nov 20th, 1942

that I last saw him alive on Nov 20th, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Congestion Duration 2 da

Due to Myocarditis

Due to Peritonitis

Other conditions 13 major operations  
 (Include pregnancy within 3 months of death)

Major findings: Mechanical Obstruction of Intestine ✓  
 Of operation \_\_\_\_\_  
 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 Albert P. Wheeler (M. D. or other) \_\_\_\_\_

Address Carthage Mo. Date signed Nov 23

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42-11-9011

Rec  
I

**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. M. Collins*

Licensed Embalmer No.

*1241*

P. O. Address

*Carthage 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37279  
Registrar's No. 239

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(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  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Meredith E. Duby  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced w

Immediate cause of death myocarditis  
peritonitis  
Duration 4 da

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 12 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 12 (If less than one day \_\_\_\_\_ min.)

Due to myocarditis  
peritonitis  
Due to 13 major operations  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Mechanical  
Of operations obstruction of  
Of autopsy ileum  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(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?

(c) Place: burial or cremation \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (g) Means of transport \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

23. Signature Albert B. Wheeler, D.O. (M. D. or other)  
Address \_\_\_\_\_ Date signed Jan 5 1942

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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

SUPPLEMENTAL

S-37279