V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37416

Registration District No. 1/5/46 Primary Registration District No. 5646 Registrar's No. 148

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Rural, BuckPrairie Tws.
(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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Rural, BuckPrairie Tws.
(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 0

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3. (a) PRINT FULL NAME Mary Myrtle Cardwell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Raymond L. Cardwell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 31, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36		9	hr. min.

9. Birthplace Stott City, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James A Justus
13. Birthplace Polk Co. Missouri 0
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ada E. Freisner
15. Birthplace Kansas /
(City, town, or county) (State or foreign country)
16. (a) Informant Rosena Justus
(b) Address Marionville, Mo. R. F. D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.
18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.
19. (a) Nov. 9, 1942 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) asst

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9, 1942
year 1942 hour 4:55 minute A.M.
21. I hereby certify that I attended the deceased from August 1, 1942, to November 9, 1942, that I last saw her alive on November 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left beast, right breast with metastases in the 4th, 8th, and	
Due to 12th dorsal bodies.	16 M
Due to	
Other conditions Acute Glomerular Nephritis (Include pregnancy within 3 months of death)	

Major findings: Of operations Medullary Carcinoma
Of autopsy 50

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 2

23. Signature Dr Wayne M. Weaver (M. D. or other) MD.
Address Marionville Mo. Date signed 11/9/42

1186 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1742
Date Filed DEC 11 1942

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 Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.