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S. No. 2
OM-5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9 1943

Registration District No. 250

Primary Registration District No. 4376

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Nowata

(b) City or town Shulford
(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 11 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth ¹¹³

(c) City or town Grant City
(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 Caroline S. Files

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John M. Files 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 3 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Brown County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bryant Britton

13. Birthplace Boil County Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Emilie McQuay

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

16. (a) Informant Hattie Files

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof Jan 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Cemetery

18. (a) Signature of funeral director John Anderson

(b) Address Grant City, Mo.

19. (a) Jan 7 43 (b) Ed Barrett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 1 day 6
year 1943 hour 2:00 minute 4 M.

21. I hereby certify that I attended the deceased from 1940
March 1 1940 to 1-6 1943;
that I last saw her alive on 1-2-43 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to _____

Due to _____ 938

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

Major findings: ✓
Of operations _____

Of autopsy no

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 Stass (M. D. or other) _____
Address Grant City, Mo. Date signed 1/6/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

John Andrews Jr Registered Apprentice No.
working under my personal supervision.

Signed *John Andrews Jr*
Licensed Embalmer No. *42111*

P. O. Address *Grant City 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.