

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21997

State File No. _____

Registrar's No. 34

Primary Registration District No. 5780

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Etterville Suburb (Rural)
(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 Missouri (b) County Miller
(c) City or town Etterville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour _____ minute 5 P. M.
21. I hereby certify that I attended the deceased from Apr 6 - 20
_____ 1943 to June 14, 1943
that I last saw her alive on June 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Wrenitis
Due to Chronic interstitial nephritis
Due to _____

Other conditions (Include pregnancy within 3 months of death) 131a

Major findings: Of operations _____

Of autopsy _____

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 E. G. Shelton (M. D. or other) _____
Address Eldon _____ Date signed 6/16/43

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Martha A. Stark

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

7. Birth date of deceased April 29 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 1 15 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Snider

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Caldwell

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

16. (a) Informant John Stark
(b) Address Etterville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Dooley Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) June 17 43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1114

RECEIVED

Miller County Health Dep't

County File Number 43-49

Date Filed 7-6-43

Shelton

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.....

Louis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.