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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
LED NOV 4 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odesa  
(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..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Lafayette

(c) City or town Odesa 254  
(If outside city or town limits, write "RURAL.") 4  
0

(d) Street No. 703 1/2 St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emma Cares

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

4. Sex female 5. Color or race negra

6. (a) Single, widowed, married 2 divorced widowed

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

7. Birth date of deceased not known  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 26, 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 28 1943 to Oct 26 1943  
that I last saw him alive on Oct 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to myocardial infarction  
and  
calcular atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

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 E. Behr (M. D. or other) Date signed 10/29/43

Address 1157

8. AGE: Years about 80 Months - Days - If less than one day hr. min.

9. Birthplace Near Lexington Mo. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Edgar Clay

(b) Address Odesa Mo.

17. (a) Buried (b) Date thereof 10/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odesa Mo.

18. (a) Signature of funeral director W. H. Stuman

(b) Address Odesa Mo.

19. (a) Nov. 1-1943 (b) Mrs. W. T. Baker  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-3-43

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 A. Cantlon

....., Registered Apprentice No. 356

working under my personal supervision.

Signed.....

*George L. Newman*

.....  
Licensed Embalmer No. 2541

P. O. Address Odessa, 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.

Registration District No. 171 Primary Registration District No. 4267

1. PLACE OF DEATH:  
(a) County Lafayette  
(b) City or town Odessa  
(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..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Emma Cave  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race E 6. (a) Single, widowed, married, divorced.....  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 80 Months Days Less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 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.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)  
(c) Place: burial or cremation.....

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

19. (a) (Data received local registrar) (b) (Registrar's signature)

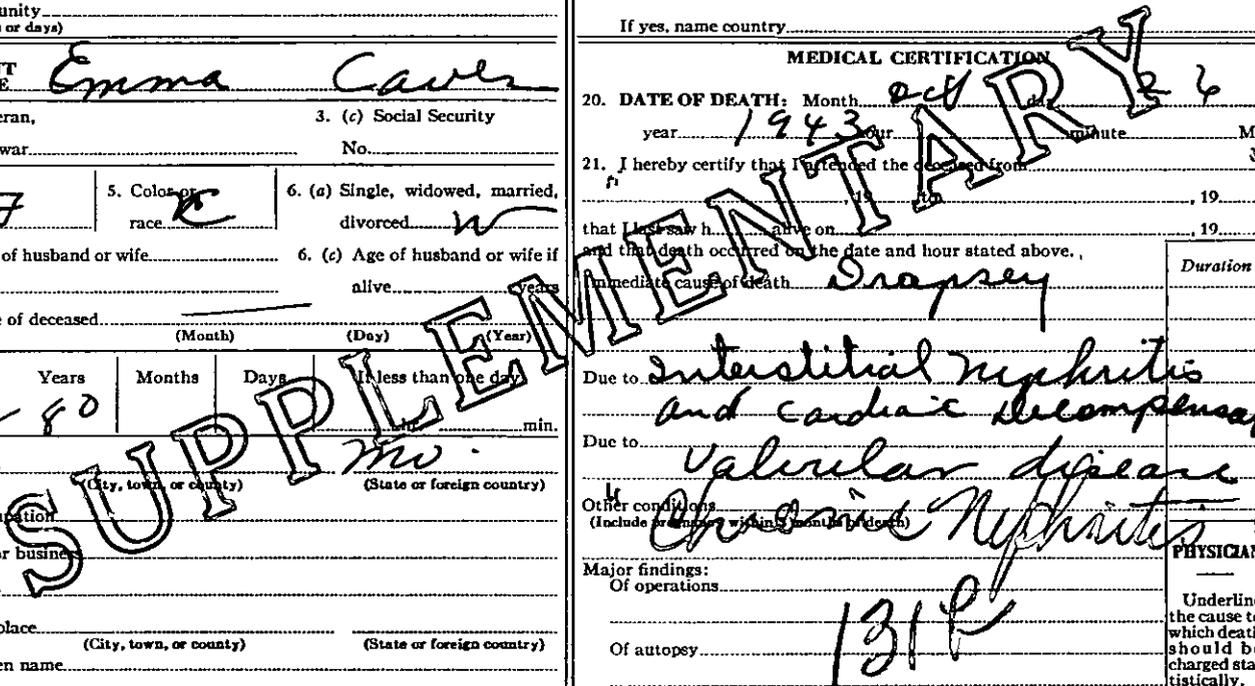
2. USUAL RESIDENCE OF DECEASED:  
(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 2 year 1943 hour 4 minute 4 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.  
Immediate cause of death Drapsy Duration

Due to interstitial nephritis and cardiac decompensation  
Due to vascular disease  
Other conditions Chronic Nephritis  
Major findings:  
Of operations.....  
Of autopsy 1318  
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) (c) Means of injury.....  
23. Signature..... (M. D. or other).....  
Address..... Date signed.....

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



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