

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44097

State File No. _____

Registrar's No. 173

FILED JAN 6 1943

Primary Registration District No. 6225

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

1. PLACE OF DEATH: Rural

(a) County Vernon

(b) City or town Veroda Mo Wash Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp #3. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 37 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Vernon

(c) City or town Veroda Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. State Hosp #3.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mabel Stites

3. (b) If veteran, name war no

3. (c) Social Security No. ?

4. Sex F Color or race W

5. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

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

7. Birth date of deceased see previous
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name David Stites

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

14. Maiden name Elizabeth Forrest

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

16. (a) Informant Elizabeth Stites

(b) Address Carl Junction Mo.

17. (a) Rural (b) Date thereof 12 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director ROME FUNERAL SERVICE

(b) Address Carl Junction, Mo.

19. (a) 12-9-43 (b) Hazel B. Beurek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1943 hour 7, a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Sept-5-
1906, 19 _____ to Dec-6- 1943
that I last saw h. en alive on Dec-6- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to unknown

Due to _____

Other conditions Stemantic presox
(Include pregnancy within 3 months of death)

Duration

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 Frank M. Pajina (M. D. or other)

Address State Hosp #3. Date signed 12/6/43

1331

(Licensed Embalmer's Statement on Reverse Side)

Mrs Hazel Beovick
Local
40 North Lee
Real Estate
Nesady
Mrs,

RECEIVED

District Health Officer No. 7,

File Number

12-43-1404

1-5-44

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.