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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 11 1944

Registration District No. 99

Primary Registration District No. 5373

Registrar's No. 221

1. PLACE OF DEATH:

(a) County De Kalb
 (b) City or town Rural - Camden Twp. Amity
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME CARRIE ELLEN McCOOL
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1944 hour 19 minute 15 P.M.

4. Sex F
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 1943 to July 13 1944
 that I last saw her alive on MAY 22 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 1 14 _____ hr. _____ min.

Immediate cause of death Coronary Embolism
 Due to Coronary Thrombosis
 Duration 1 day
 Due to _____ 2 years

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

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
 Duration 5 years

10. Usual occupation Housewife
 11. Industry or business Shoekeeping
 12. Name George Kerns
 13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Flava Colvins
 15. Birthplace 1 Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations 940
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Minnie Schlesker
 (b) Address Amity Mo
 17. (a) _____ (b) Date thereof July 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Amity Cemetery
 18. (a) Signature of funeral director [Signature]
 (b) Address St. Louisville Mo
 19. (a) July 31-1944 (b) John Clark
(Date received local Registrar) (Registrar's signature)

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 [Signature] (M.D. or other) Dr.
 Address St. Louisville Mo. Date signed 7/14/44

1378 (Licensed Embalmer's Statement on Reverse Side)

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

2000

delo; C

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. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartville 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.