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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 MAR 10 1945

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Stone Memorial Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 Jersey 3
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country. - - -

3. (a) PRINT FULL NAME

Mary Flower

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2
7. Birth date of deceased October 4 1856 (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 4 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER { 12. Name W. H. Hatch
13. Birthplace Litchfield Connecticut / (City, town, or county) (State or foreign country)
14. Maiden name Cordelia Bell
15. Birthplace Wooster Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oliver Lorenz

(b) Address 625 Wisconsin, Oak Park, Ill

17. (a) Burial (b) Date thereof Feb. 12, 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Feb. 12 '45 (b) E. Elizabeth Complin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 7 to Feb 8 1945 that I last saw her alive on Feb 8 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration

Due to Senility

Due to

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 Albert B Wheeler M.D. (M. D. or other)

Address Carthage MO Date signed 2/12/45

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

9
1
3

1203

(Licensed Embalmer's Statement on Reverse Side)

45-2-204

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 Lucy Kneel - Buckwell
Licensed Embalmer No. 2510
P. O. Address Carthage, 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.