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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9252

State File No.

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rest Home of Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton 25

(c) City or town Cameron, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Donna M Entrikin.

3. (b) If veteran, name war xxx

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Chas. B. Entrikin

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December (Month) 6th. (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	—	28	hr. min.

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

10. Usual occupation Housework

11. Industry or business in home

FATHER
12. Name John Dodd
13. Birthplace Benton Ferry (City, town, or county) W. Va. (State or foreign country) 1

MOTHER
14. Maiden name Malissa Swearingen,
15. Birthplace Fairmont, (City, town, or county) W. Va. (State or foreign country) 1

16. (a) Informant Iva Entrikin
(b) Address Cameron, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 7. (Day) 1945 (Year)
(c) Place: burial or cremation Graceland Cemetery, Cameron, Mo.

18. (a) Signature of funeral director O A Moore
(b) Address Cameron Mo

19. (a) Jan 12 - 45 (Date received local registrar) (b) Corrinne Garrett Deputy (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th.
year 1945 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased Jan 30, 1944, to, 19
that I last saw her alive on Jan 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Henry L Elster (M. D. or other) DO.
Address Hamilton Mo Date signed Jan 6 1945

(Licensed Embalmer's Statement on Reverse Side)

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 O A Moore

Licensed Embalmer No. 1180

P. O. Address Cameron 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.