

S. No. 2  
DOM-2-43  
Ev. 5-17-39  
X3567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16506

FILED JUN 9 1945  
Registration District No. 47

Primary Registration District No. 3008

State File No. \_\_\_\_\_  
Registrar's No. 174

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Fulton  
(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 \_\_\_\_\_  
In this community Three Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME IRDES ELLAN SQUIRES  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May 23rd day  
year 1945 hour 4:25 minute \_\_\_\_\_ p. M.  
21. I hereby certify that I attended the deceased from May 17, 1945  
\_\_\_\_\_ 19. to May 23 19 45  
that I last saw h. e. r. alive on May 23 19 45  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death:  
Chronic Myocarditis

7. Birth date of deceased Dec 8 1862  
(Month) (Day) (Year)

Due to Chronic Cholecystitis (Perhaps) 30 yrs.

8. AGE: Years Months Days If less than one day  
82 5 15 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

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

Other conditions Hypertension 5 yrs.  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Mental Derangement 3 yrs. PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 127a

11. Industry or business \_\_\_\_\_  
12. Name Joseph A. Points  
13. Birthplace Boone Co Missouri  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Eliza A.F. Younger  
15. Birthplace Boone Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. A. G. Squires  
(b) Address Fulton, Mo. Squires

17. (a) Burial (b) Date thereof 5-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cem. Columbia, MO

18. (a) Signature of funeral director Hallace Funeral Home  
(b) Address Fulton, Mo

19. (a) 5-27-1945 (b) Josie M. Moulthrop  
(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?  
ia, MO

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature D. A. Squires (Dr. or other) D.O.  
Address 532A Court St. Fulton, Mo. Date signed 5/25/45

(Licensed Embalmer's Statement on Reverse Side)

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

16  
11  
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-9-45

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.