

S. No. 2  
DM-2-43  
v. 5-17-39  
W-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

34370

**FILED** OCT 18 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH: Pike

(a) County Pike

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 3 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town LOUISIANA 2  
(If outside city or town limits, write "RURAL") 1

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annie Carr

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female 5. Color or race negro

6. (a) Single widowed married divorced ✓

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased about 1878 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>about 96</u>				hr. min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name None

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Gene Rudder Messner

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 9-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Louisiana Mo

18. (a) Signature of funeral director J. Talley

(b) Address Louisiana Mo

19. (a) 9/6/45 (Date received local registrar) (b) J. Talley (Registrar's signature) (c) Deputy (Title)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1945 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 15 1945, to Sept 6 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis

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

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy \_\_\_\_\_

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 J. Pearson (M. D. or other) \_\_\_\_\_

Address Louisiana Mo Date signed 9/6/45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOVIER FATHER

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-45-158

Date Filed OCT 17 1945

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.....

George O. Wagner Registered Apprentice No. ....  
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.