V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12514

Registration District No. 55 Primary Registration District No. 5200 Registrar's No. 81

1. PLACE OF DEATH:

(a) County CARROLL

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

(c) Name of hospital or institution: 1/4 Mile S. of LeTA STORE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARROLL

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

(d) Street No. 1/4 Mile S. of LeTA STORE (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elisa Emiline Thies

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LOUIS

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 2 (Month) 14 (Day) 1885 (Year)

8. AGE: Years 61 Months 1 Days 18 If less than one day hr. min.

9. Birthplace CARROLL COUNTY (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name COLUMBUS RADER
13. Birthplace (City, town, or county) KY. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) KY (State or foreign country)

16. (a) Informant Louis Thies

(b) Address Wakenda MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-5-1946 (Month) (Day) (Year)

(c) Place: burial or cremation EVERGREEN

18. (a) Signature of funeral director John A. Cantlon

(b) Address Brunswick MO

19. (a) 4/6/46 (Date received local registrar) (b) McHerbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 3-17-46 to 4-2, 1946 to , 19 ; that I last saw her alive on 4-2-46, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	
(1) Cerebral hemorrhage left cerebrum	10 days
Due to (2) Myocardial insufficiency	2 yrs
(3) Coronary insufficiency	2 yrs
Due to (4) Arteriosclerosis	4 yrs
(5) Dental Sepsis	10 years
Other conditions Secondary avenue (Include pregnancy within 3 months of death)	2 years

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene L Salis (M. D. or other) MD

Address Carroll for Mo Date signed 4-6-46

ITO (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 5-10-41

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Brunswick, 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.