

S. No. 2
4-8-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

19731

State File No. _____
Registrar's No. 6

Registration District No. 387 Primary Registration District No. 5208

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town American Twp.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Maad of life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll
(c) City or town Rural
(d) Street No. American Twp.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Louvina Deardorff
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20 year 1946 hour 12 minute 45 P. M.
21. I hereby certify that I attended the deceased from 7:30 1945 to June 20 1946
that I last saw her alive on June 20 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single (b) Married
(b) Name of husband Frank Deardorff 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Mo 7 1884
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Pancreas
Duration _____

8. AGE: Years 62 Months 1 Days 14 If less than one day _____ hr. _____ min.
9. Birthplace Consettors Mo
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Silas DEVOTE
13. Birthplace Wentzow Mo
(City, town, or county) (State or foreign country)

Major findings: 469
Of operations _____
Of autopsy General Mesenteric Carcinoma
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Johnnie Wagon
15. Birthplace Wentzow Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harriet Patten Hale Mo.
(b) Address Hale Mo.
17. (a) Burial (b) Date thereof 6-23-1946
(Burial place) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Frank E Slater Hale Mo.
(b) Address _____
19. (a) June 22, 1946 (b) Mrs Rex Henderson
(Date received local registrar) (Registrar's signature)

23. Signature Durford H. Colby (M. D. or other) _____
Address Hale Missouri Date signed 6/20/46

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Frank E. Statut*.....

Licensed Embalmer No. *937*.....

P. O. Address *Hal 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.