

S. No. 2
4-8-43
5-17-39
K 37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27062

FILED SEP 4 1947
Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Caplinger Mills, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
 (c) City or town Caplinger Mills, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washington, TWP.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine O'ffield
 3. (b) If veteran, name war _____
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
 year '47 hour _____ minute _____ M.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph O'ffield
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 4, 1870
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. ex. alive on Aug 16 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 10 12 hr. _____ min.

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

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation Housewife

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

11. Industry or business _____
 12. Name Martin Roby
 13. Birthplace Illinois (City, town, or county) _____ (State or foreign country)
 14. Maiden name Margaret Gilpin
 15. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant Ola Elliott
 (b) Address Caplinger Mills, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1947
 (Month) (Day) (Year)
 (c) Place: burial or cremation Caplinger Cem.

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Wm B Richter (M, D, or other) _____
 Address Stockton Mo Date signed 8/19/47

18. (a) Signature of funeral director Church and Neale
 (b) Address Stockton, Missouri
 19. (a) 8-30-47 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

RECEIVED
District Health Officer No. 7,
8-17-1942
District File Number 9-3-47
Date Filed

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.