No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 23 1947
Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32252

Primary Registration District No. 6070

Registrar's No. 316

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Liberty Township
(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 St Francois 94

(c) City or town Womack 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Corena M. Cartee

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Noah Cartee

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. (Month) 4 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	0	10	..... hr. ..... min.

9. Birthplace Womack (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name George Lenz
13. Birthplace Womack (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Carrie Hines
15. Birthplace Womack (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant James Lee Cartee
(b) Address Womack, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Womack, Mo.

18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington, Mo

19. (a) 9-18-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 9/20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14
year 1947 hour 5:30 minute A M.

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

Immediate cause of death Coroner Jury Verdict Death do to Natural Causes

Due to apparently heart attack

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

95 C

Duration

PHYSICIAN

Underline the cause of 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 —— 3

23. Signature Berl J Miller ~~(M. D. or other)~~ coroner

Address Farmington, Mo Date signed 9/16/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

EIVED

ict Health Officer No. 4

ict File Number 947-1264

Date Filed 9-22-4

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 Paul K Deyel

Licensed Embalmer No. 4120

P. O. Address Farmington 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.