

FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37303

State File No.

Registration District No. 193

Primary Registration District No. 4306

Registrar's No. 16

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Goodman
(If outside city or town limits, write "RURAL" and name of township)
(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 One Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Diamond 3
(If outside city or town limits, write "RURAL") 1
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Effie Vay Carter

3. (b) If veteran, name war No 3. (c) Social Security No No

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased. Sept 29 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 19 hr. min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER

12. Name Ruben Ball
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Melissin Hall
15. Birthplace Potawatomie County Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Mathis
(b) Address Goodman, Missouri
17. (a) Burial (b) Date thereof 9/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director John B. Pappas
(b) Address Goodman, Missouri

19. (a) Oct. 20, 1948 (b) Mrs. Fred W. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1948 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from March 10th
1948, to September 17, 1948;
that I last saw her alive on September 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion of respiratory
center and edema of the lungs. Duration

Due to Mitral valve stenosis and
dilation of heart.

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

Major findings:
Of operations.....
Of autopsy as above

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?

While at work?..... (Specify type of place) (c) Means of injury 2
23. Signature Harold B. Ward (M. D. or other) DO
Address Goodman, Mo. Date signed 9/18/48

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

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 B. Papineau

Licensed Embalmer No..... *4446*

P. O. Address..... *Goodman, 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.