No. 300
10.48

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

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15215

State File No.

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick "Rural"
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 Miles N. W. of Brunswick

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brunswick "Rural"
d. STREET ADDRESS (If rural, give location) 4 Mi. N. W. of Brunswick

3. NAME OF DECEASED (Type or Print) a. (First) ELLIS b. (Middle) c. (Last) DAVENPORT
4. DATE OF DEATH (Month) (Day) (Year) 4---18-1949
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 5/9/1857
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boone Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME M. G. Carlew
13b. MOTHER'S MAIDEN NAME Sarah ANN Cox
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO. XXXX
17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Watkins ADDRESS Brunswick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA (HYPOSTATIC) — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) MITRAL STENOSIS WITH REGURGITATION — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 410X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH, 1947, *to* APRIL 18, 1949, *that I last saw the deceased alive on* APRIL 18, 1949, *and that death occurred at* 6:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Kenneth L. Rosencrans (Degree or title) D.O.
23b. ADDRESS TRIPLETT, Mo
23c. DATE SIGNED 4-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/20/1949
24c. NAME OF CEMETERY OR CREMATORY Elliott Grove
24d. LOCATION (City, town, or county) (State) Brunswick, Mo.

DATE REC'D BY LOCAL REG. 4-20-49
REGISTRAR'S SIGNATURE Mildred Boone
25. FUNERAL DIRECTOR'S SIGNATURE F. W. Meisel ADDRESS Brunswick Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-23-49

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Signed L M Weisel

Signed.....
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick Co

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.