

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13960

State File No.

FILED MAY 10 1943

Registration District No. 56

Primary Registration District No. 5902

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Wakenda RFD# 5, Carroll Co. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Robert Station home, Wakenda, Mo. RFD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day.
(Specify whether years, months or days)

In this community one day.

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Missouri. (b) County Carroll.

(c) City or town Tina, Missouri.
(If outside city or town limits, write "RURAL.")

(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 EULAH VIVIAN CIRCLE.

3. (b) If veteran, name war..... 3. (c) Social Security No. 48769-2328

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E.S. Circle, Jr. 6. (c) Age of husband or wife if alive 36. years

7. Birth date of deceased April 2nd, 1914.
(Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation Grocery clerk.

11. Industry or business

12. Name Calvin Henry Stewart.

13. Birthplace Carroll County Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Pearl Rea.

15. Birthplace Carroll County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E.S. Circle Jr.

(b) Address Tina, Missouri.

17. (a) Burial. (b) Date thereof 4/13/1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton,

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) 4-11-1943 (b) Harlan Fisher,
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1943. hour 4:30 minute P. P. M.

21. I hereby certify that I attended the deceased from 4-8-43 19... to... 4-9-43 19...

that I last saw him... alive on... 19... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Suppurative Peritonitis

Due to Acute Pericarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature [Signature] (M. D. or other)

Address Carrollton, Mo. Date signed 4-10-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

861

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-7-43

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.....

Clifford W. Austin

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clifford W. Austin

Licensed Embalmer No. #3233.

P. O. Address..... Tina, Missouri.

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.