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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1944

Registration District No. 53

Primary Registration District No. 3011

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mrs Warrens Boarding Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Corinna Agnes Wooden

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 9-24-43 to Nov 26 1943 to Nov 26 1943

What I last saw her alive on Nov 26 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Fred Walker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 2 1871
(Month) (Day) (Year)

Immediate cause of death Chronic Sublethral Hepatitis Duration ?

8. AGE: Years Months Days If less than one day

72 9 23 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Ill. (City, town, or county) (State or foreign country)

Other conditions Chronic Diarrhoea 2 1/2 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation House Keeper

Major findings: _____

11. Industry or business _____

12. Name T. B. Snowden

13. Birthplace Point View (City, town, or county) (State or foreign country)

14. Maiden name Snowden

15. Birthplace Rural (City, town, or county) (State or foreign country)

Of operations _____

Of autopsy 1/3/4

16. (a) Informant Ben Walker

(b) Address 4901 E Kellogg Wichita

17. (a) Burial (b) Date thereof 11 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

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) (e) Means of injury _____

18. (a) Signature of funeral director E. G. Dickerson

(b) Address Bogard

19. (a) 12-1-1943 (b) Mrs James Paffety
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Leonard (M. D. or other) _____

Address Carrollton Mo Date signed 11/27/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

PC 53

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-11-44

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.