

No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27120
Registrar's No. 291

National Office of Vital Statistics
FILED SEP 14 1948
Registration District No. 376

Primary Registration District No. 3059

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre
(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
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. 502 Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME VIRGINIA McCOY CARROW
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4
year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 3
1948, to Sept 4, 1948
that I last saw her alive on Sept 3, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Henry Carrow
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased February 10 1874
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis.
Due to Duobelia mellea
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
74 6 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....
12. Name James Thomas
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Beard
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Dave McCoy
(b) Address Desloge, Mo

17. (a) Burial (b) Date thereof Sept-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation IOOF Bismarck, Mo

18. (a) Signature of funeral director SPARKS
(b) Address Flat River, Mo

19. (a) 9-1-48 (b) Eather Rudloff
(Date received local registrar) (Registrar's signature)

PHYSICIAN
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? (a) Means of injury.....
23. Signature C. N. Applebury (M. D. or other) MD
Flat River Mo Address Date signed 9-5-48

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2
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MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 948-1169
Embalmed 9-13-48

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 Murphy Parks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.