V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19208

FILED JUN 15 [illegible]0

Registration District No.
Primary Registration District No. 6081
Registrar's No.

1. PLACE OF DEATH:
(a) County STEGENEVIEVE
(b) City or town RURAL Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 77 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County STEGENEVIEVE
(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 TERESIA CARROW
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ELI FRANCIS Carrow
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1 (Month) 1 (Day) 1867 (Year)

8. AGE: Years 77 Months 4 Days 29 If less than one day hr. min.

9. Birthplace STE GENEVIEVE Co. (City, town, or county) (State or foreign country)
10. Usual occupation HOMEMAKER
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rene Hogenmiller
(b) Address Farmington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 3 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Farmington Mo
18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington Mo
19. (a) June 6 - 44 (Date received local registrar) (b) Rev Joseph A Lerner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1944 hour minute 6 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to May 31, 1944
that I last saw h[er] alive on May 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis Liver — Duration 3 yrs.
Due to —
Due to —
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

124 b1

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. L. Watkins (M. D. or other)
Address Farmington Mo. Date signed 6-3-44

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 644-3954
Date Filed 6-13-44

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..................

Licensed Embalmer No..................

P. O. Address..................

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.