

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

3116

Registration District No.

571

Primary Registration District No.

4335

Registrar's No.

1. PLACE OF DEATH:

- (a) County Monteau
(b) City or town California
(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 5 year (Specify whether years, months or days) 5-2 1/2

3. (a) PRINT FULL NAME Eva Mra Underhill

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

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

6. (b) Name of husband or wife John B. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 7-1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation House maid

11. Industry or business

12. Name John B. Black

13. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Golda Morgan

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

16. (a) Informant's own signature Mary Birdsong

(b) Address California Mo

17. (a) Burial (b) Date thereof 1/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Burke, Cal

18. (a) Signature of funeral director William H. Friedmeyer

(b) Address California Mo

19. (a) 1-26-1940 (b) H. R. Popejoy 501 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Monteau

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

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

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15 40 to Jan 15 40, 19 40

that I last saw him alive on Jan 15, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hour

Due to 1 1/2

Due to 1 1/2

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?

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

Signature H. R. Popejoy (M. D. or other)

Address California Mo Date signed 1/17/40

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

HE Friedmeyer

Licensed Embalmer No.

2854

P. O. Address

California me

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, above space should be left blank.