

SEP 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28924

Do not use this space.

1. PLACE OF DEATH
(a) County Cole Registration District No. 211
(b) Township Morris Primary Registration District No. 4128 Registered No. 7
(c) City or Centerston (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ellen Judidia Audtwell
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1860
7. AGE YEARS 74 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co. Mo.
FATHER 13. NAME Blaesburn Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co. Mo.
MOTHER 15. MAIDEN NAME Marie Redford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Co. Mo.
17. INFORMANT (ADDRESS) Mrs. Audtwell Centerston Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Centerston Mo. DATE 8/27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wells Bros. Funeral Home California Mo.
20. FILED Aug 27 1939 H. I. Seach MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1939
22. I HEREBY CERTIFY, That I attended deceased from July 26 1939 to Aug 24 1939
last saw her alive on Aug 24 1939. Death is said to have occurred on the date stated above, at _____ min.
The principal cause of death and related causes of importance were as follows:
Ulcerative Colitis
Chronic Cholecystitis
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) H. J. Quinn D.D. _____
(Address) California Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, above space should be left blank.