

1939 MAY 11 1939

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

14242
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
(b) Township WASHINGTON Primary Registration District No. 1001
(c) or City ST JOSEPH, (d) Street No. ST JOSEPH'S HOSPITAL Registered No. 363
(e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

536 NELLIE MAY DANDURANT (INFANT)
(a) Residence, No. 1617 SOUTH 11TH ST. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 4, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, . . . hrs. or . . . min.
0 0 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
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) ST. JOSEPH, (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME FRANCIS Dandurant

14. BIRTHPLACE (CITY OR TOWN) St. JOSEPH, MO. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Maxine Willis

16. BIRTHPLACE (CITY OR TOWN) St. JOSEPH, MO. (STATE OR COUNTRY)

17. INFORMANT FRANCIS Dandurant (ADDRESS) 1617 SO. 11. TH ST. JOSEPH,

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND DATE APRIL 5, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. JOSEPH, MISSOURI

20. FILED 4-5-39 H. H. Nettles Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1939 to April 4, 1939
I last saw h ER alive on April 4, 1939 Death is said to have occurred on the date stated above, at 8:45 P. M.

The principal cause of death and related causes of importance were as follows:

Stillborn infant Date of onset
Hydrocephalic
infarct & Spina
infarct

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 1939
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) H. H. Nettles, M. D.
(Address) 825 Charles Street

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

1 X 1603

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.....

John E. Rupp

Licensed Embalmer No.....

39860

P. O. Address.....

St. Joseph

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.