DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20494

Registration District No. 791 Primary Registration District No. Registrar's No. 5338

1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5844 a Plymouth Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 20 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 5
(d) Street No. 5844 a Plymouth Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 135 Nancy Ellen Courton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William P. Courton
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased April (Month) 2 (Day) 1858 (Year)
8. AGE: Years 81 Months 2 Days 12 If less than one day hr. min
9. Birthplace Owens Co. (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name George Clifton
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs. Daisy Erwin
(b) Address 5844 a Plymouth Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/39 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Missouri.
18. (a) Signature of funeral director Shegard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) JUN 15 1939 (Date received local registrar) (b) J. R. Broeder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1939 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from for about 5 years, 19, to, 19; that I last saw h alive on June 14, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days
Due to Arteriosclerosis — not known
Due to
Other conditions Myocarditis (Including pregnancy within 3 months of death) — not known
Major findings: Of operations none
Of autopsy no autopsy

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) no injury
(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 H. W. H. Foster (M. D. or other) M.D.
Address 1492 Hodiamont Date signed 6-15-39

(Licensed Embalmer's Statement on Reverse Side)

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

80M-5-7-39
Rev. 5-17-39
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Dr. Foster
Geo Bdy
Wm 77294

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.