

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44882

Registration District No. 859

Primary Registration District No. 6128

Registrar's No. 46

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Branson
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Taney
(c) City or town Branson
(d) Street No. _____
(e) If foreign born, how long in U. S. A. 50 yrs

3. (a) PRINT FULL NAME Jewel Gertrude Egnor
8. (b) If veteran name was _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25 year 1939 hour 10 minute 30 M.

4. Sex Female 5. Color or race W
6. (b) Name of husband or wife Chs Egnor 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan. 20 - 1866

21. I hereby certify that I attended the deceased from Dec 24, 1939, to Dec 25, 1939; that I last saw her alive on Dec 24 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 11 Days 5 If less than one day _____ hr. _____ min.

Immediate cause of death Tuberc Pneumonia
Due to _____
Duration one week

9. Birthplace Ontario Canada

Due to Myocarditis
Other conditions none

10. Usual occupation Housewife

Major findings: Of operations none Of autopsy none

11. Industry or business _____

MOTHER FATHER { 12. Name Don't know 13. Birthplace Canada

MOTHER FATHER { 14. Maiden name Don't know 15. Birthplace Canada

16. (a) Informant's own signature Chs Egnor (b) Address Branson Mo

17. (a) Buried (b) Date thereof 12 26 39 (c) Place: burial or cremation Branson Mo

18. (a) Signature of funeral director Pa Thomhill (b) Address Branson Mo

19. (a) 12-26-1939 (b) John F. Badler

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Dr. E. E. Sutter Address Branson Date signed Dec 26

RECEIVED

District Health Officer No. 6,

District File Number 640-21

Date Filed JAN 4 1940

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.