FILED A... 1940

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

11741
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi
(b) Township ~~Tywappity~~ Ohio
or
(c) City ~~Wyatt~~
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 569
Primary Registration District No. 5765
Registered No. 39

2. PRINT FULL NAME 236 Minnie Beatrice Dismore
(a) Residence, No. Wyatt, Miss. ouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~Male~~ 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1922
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
17	4	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. School Girl
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) Paducah, Kentucky

FATHER
13. NAME Everett Dismore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Kentucky

MOTHER
15. MAIDEN NAME Ella McLance,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Kentucky

17. INFORMANT (ADDRESS) Everett Dismore Wyatt, Mo
18. BURIAL, CREMATION, OR REMOVAL Charleston, Mo
PLACE Oak Grove Cem. DATE 9/9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lair-Nunnelee Charleston, Mo
20. FILED 3-16 1940 F S Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1939, to Sept 8, 1939
I last saw her alive on Sept 8, 1939. Death is said to have occurred on the date stated above, at 11:05 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver due to Malignancy of ovary	June 39

Other contributory causes of importance: 49

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) Paul S Bauer, M. D.
745 (Address) Charleston Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.
V. S. NO. 2.
50M-9-19-38
I X16605

RECEIVED
District Health Officer No. 2,
District File Number 440-858
Date Filed 4/4/40

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston Mo

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.