

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31945

Registration District No. 290

Primary Registration District No. 5408

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath
(c) Name of hospital or institution:
About 4 miles north of Senath
(d) Length of stay: In hospital or institution 2

In this community _____ years, months or days

3. (a) PRINT FULL NAME Nora Ann S wain

8. (b) If veteran, name war child 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 2 - 1838

8. AGE: Years Months Days If less than one day
10 29 hr. min.

9. Birthplace Senath MO

10. Usual occupation Infant

11. Industry or business _____

12. Name Home S wain

13. Birthplace Malden MO

14. Maiden name Helen Smith

15. Birthplace MO

16. (a) Informant Home S wain

(b) Address Senath, River, MO

17. (a) Burial (b) Date thereof 9-7-1940

(c) Place: burial or cremation McBrew

18. (a) Signature of funeral director Emerson Burns
(b) Address Hornersville, MO

19. (a) Oct 7-1940 (b) G. D. McDaniel

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin
(c) City or town Rivers, MO
(d) Street No. 4 miles north East

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1940 hour 5:10 minute PM

21. I hereby certify that I attended the deceased from Aug 31, 1940 to Aug 31, 1940

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Colic

Due to _____

Due to _____

Other conditions: _____

Major findings: _____

Of operations: _____

Of autopsy: _____

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 Van H. Bonds (M. D. or other) _____
Address Hornersville MO Date signed 9-30-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 2,

District File Number 1040-155

Date Recd 10/10/40

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.....

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.