

No. 2
12-40
17-39
X23199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38318

State File No. _____

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 914

DEC 11 1940

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Williamsburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Callaway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs 26th
(Specify whether _____)

In this community Life
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Williamsburg - rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. -
(If rural, give location)

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

3. (a) PRINT FULL NAME NELLIE LOXE MANTFORD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife THELBERT MANTFORD

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Feb. 23, 1902
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>9</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Minersville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Home Wife

11. Industry or business _____

12. Name Ernest H. Love

13. Birthplace Callaway, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maudie H. Love

15. Birthplace Minersville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thelbert Mantford

(b) Address Williamsburg, Mo.

17. (a) Buried (b) Date thereof 11/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsburg, Mo.

18. (a) Signature of funeral director C. W. Arnold

(b) Address Minersville, Mo.

19. (a) Nov. 26, 1940 (b) R. N. Creve
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1940 hour 1¹⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from 8/8, 1940, to 11/26, 1940

that I last saw her alive on 11/26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute pelvic inflammatory disease

Due to organism unknown

Due to _____

Other conditions generalized peritonitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration 8/8/40

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) _____

(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? At home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry Dent (M. D. or other) M.D.

Address Fulton, Mo. Date signed 12/6/40

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

Dues

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 *W. Arnold*
Licensed Embalmer No. *3569*
P. O. Address *Murice*

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, fact should be so stated above.