

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1941
417

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Number 42911
State File No. _____
Registrar's No. 144

Registration District No. _____ Primary Registration District No. 5021

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME Katherine B. Nolan
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 1, 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Richmond Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home 0

11. Industry or business 9

12. Name Eugene C. Baughes
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Emily Estelle
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edgar Nealy
(b) Address 208 N. Ball Webb City

17. (a) Burial (b) Date thereof Dec 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem.

18. (a) Signature of funeral director Webb City, Mo.
(b) Address Webb City, Mo.

19. (a) DEC. 27, 40 (b) J. H. Ditcher M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 208 N. Ball (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25 year 1940 hour 4:20 minute A. M.
21. I hereby certify that I attended the deceased from February 1, 1940, to Dec 25, 1940
that I last saw him alive on Dec 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of L. Breast

Due to _____
Due to 50

Other conditions (Include pregnancy within 3 months of death)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 397
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature B. A. Dumbauld (M. D. certifies) Address Webb City, Mo. Date signed 12/26/40

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

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

MOTHER FATHER

41-1-23

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.....

A. K. Mills

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. K. Mills

Licensed Embalmer No.....

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P. O. Address.....

Wells City, 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, fact should be so stated above.