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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24683

District No. 104 Primary Registration District No. 3008 Registrar's No. 202

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

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6. mo. 28 days (Specify whether years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED: 014 1
(a) State Mo (b) County Pettis
(c) City or town Sedalia Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frances Somerville
3. (b) If veteran, name war
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife no guz.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 25 (Day) 1868 (Year)

8. AGE: Years 73 Months 4 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Jacob Mortemon
13. Birthplace (City, town, or county) N. Va. (State or foreign country)
MOTHER 14. Maiden name Mardy Morris
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant N. P. Hurley
(b) Address Sedalia Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 7-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia Mo
19. (a) 7-27-41 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 41 hour 4. minute 45 P.M.
21. I hereby certify that I attended the deceased from July 10, 1941, to July 27, 1941; that I last saw h. ex. alive on July 27, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis
Due to Arterio sclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature Forrest Thomas (M. D. or other) D
Address State Hospital no 1 Date signed 7/27/41

106 (Licensed Embalmer's Statement on Reverse Side) Fulton Mo

Dr Crewson.

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24683

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 202

1. PLACE OF DEATH

(a) County Callaway

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

(c) Name of hospital or institution:
St. Hosp. No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Frances Somerville

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, divorced M

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

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

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

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

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

10. Usual occupation O.K.

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Sept. 13, 1941 (Date received local registrar) (b) R. N. Crawa. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (c) Means of injury

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

Address ..... Date signed

SUPPLEMENTARY