

0. 2
4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32271

FILED SEP 30 1941 77

Registration District No. Primary Registration District No. 4403 Registrar's No. 119

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(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 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town Rolla
(d) Street No. East A 2nd St
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mamey Jane Ware
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11 year 1941 hour 1:00 minute 30 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from April 28 1941 to Aug 11 1941 that I last saw him alive on Aug 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach 3 yr. ~~Adenocarcinoma~~

8. AGE: Years 81 Months 5 Days 20 hr. min.

Due to: H6B
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy:

9. Birthplace: Fulton Mo
10. Usual occupation: Home

MOTHER FATHER
12. Name: Wm E. Seeding
13. Birthplace: Va
14. Maiden name: Elizabeth Jane Seeding
15. Birthplace: Va

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

16. (a) Informant Mrs. Sarah Melrose
(b) Address: 3700 Wood St, St. Louis
17. (a) Burial (b) Date thereof: Aug 13, 1941
(c) Place: burial or cremation: Rolla, Mo
18. (a) Signature of funeral director: J. J. Jones
(b) Address: Rolla, Mo
19. (a) Date received local registrar: Aug 13, 1941 (b) Jos. J. Jones (c) Registrar's signature

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?
While at work? (Specify type of place) Means of injury
23. Signature: J. J. Jones (M. D.)
Address: 11th Bldg, Rolla, Mo Date signed: Aug 16, 1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5

District File Number 8811939

Date Filed

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 *S. B. Muel*

Licensed Embalmer No. *3394*

P. O. Address *Roller 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32271

Registration District No. 677

Primary Registration District No. 4403

Registrar's No.

1. PLACE OF DEATH:
 (a) County Phelps
 (b) City or town Rolla
 (If outside city or town limits, write "RURAL" and name of township)
 (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. 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 Nancy J. Ure
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... Day.....
 year 1941 hour..... minute..... M.
 21. I hereby certify that I attended the deceased from.....
 to....., 19.....

4. Sex fr 5. Color or race w 6. (a) Single, widowed, married, divorced m
 (b) Name of husband or wife S. H. Ure (c) Age of husband or wife if alive..... years

that I last saw him..... alive on....., 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

7. Birth date of deceased (Month)..... (Day)..... (Year).....
 8. AGE: Years..... Months..... Days.....
 (If less than one day)..... min.

Duration.....
 Due to.....
 Due to.....

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

10. Usual occupation.....
 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).....

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.

16. (a) Informant.....
 (b) Address.....
 17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation.....

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

18. (a) Signature of funeral director.....
 (b) Address.....
 19. (a) 11-19-41 (b) Joe F. Myers
 (Date received local Registrar) (Registrar's signature)

23. Signature..... (M. D. or other).....
 Address..... Date signed.....

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



