

7. S. No. 2
M-11-10-39
Rev. 5-17-39
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23761

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 18 1942

Primary Registration District No. 40-245041

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution About 2 weeks
(Specify whether

In this community Most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Shell Knob
(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.

8. (a) PRINT FULL NAME Mary Joan Nance

3. (b) If veteran, name was None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30th
year 1940 hour 7 minute A. M.

4. Sex Female / 5. Color or race white

6. (a) Single, widowed, married, divorced / Married

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 14th 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 15th
1940 to Sept 30th, 1940;
that I last saw her alive on Sept 30th, 1940;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death
Carcinoma Head
& Pancreas?

Due to _____

Due to _____

Other conditions Cardexia
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housework

Major findings:
Of operations H&G

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name D. B. Enshinger

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

14. Maiden name Louisa Brown

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

16. (a) Informant Asa Nance

(b) Address Shell Knob, Missouri

17. (a) Burial (b) Date thereof Oct. 4. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Painter Cem.

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? _____

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville, Missouri

19. (a) July 29, 1942 (b) Grace Williams
(Date received local Registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Seawright (M. D. ~~over~~)

Address Cassville, Mo Date signed _____

50
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1077

RECEIVED

District Health Officer No. 6,

District File Number 842-1260

Date Filed AUG 17 1942

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 Gordon Bennett

Registered Apprentice No. 250

working under my personal supervision.

Signed G. C. Culver

Licensed Embalmer No. 3584

P. O. Address Carville, 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, above space should be left blank.