

S. No. 2
-11-10-39
v. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42235

Registration District No. 354

Primary Registration District No. 6198

Registrar's No. 11

107
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Texas
(b) City or town Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 yrs. years, months or days

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

3. (a) PRINT FULL NAME Nancy Ellen Crain
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 30 year 1942 hour 10 minute a M.
21. I hereby certify that I attended the deceased from Nov 24 1942 to Dec 30 1942
that I last saw her alive on Dec 20 1942
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Heroy Crain 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased NOV 17 1861
(Month) (Day) (Year)

Immediate cause of death Widated Heart Duration _____
Due to chronic indigestion

8. AGE: Years 81 Months 1 Days 13 If less than one day hr. _____ min. _____

Due to _____
Other conditions (include pregnancy within 3 months of death) ; 95c3

9. Birthplace Ozark Ark (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
May findings: Of operations _____
Of autopsy No

11. Industry or business _____
MOTHER FATHER { 12. Name William Hall
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Martha King
15. Birthplace Tenn (City, town, or county) (State or foreign country)

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? yes

16. (a) Informant W. E. Crain
(b) Address Springfield Mo
17. (a) Burial (b) Date thereof Jan 1/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation near Home Cemetery

(Specify type of place)
While at work? _____ (e) Means of injury fall
23. Signature J. S. Sherman (M. D. or other)
Address Willon by road Date signed Dec 31

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo
19. (a) Dec 31-42 (b) Mrs. Sam Miller
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 5,

District File # 14326

Date Filed 1-6-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.