

No. 2
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6149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 6 1943
Registration District No. 2780

Primary Registration District No. 3017

Registrar's No. 20

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cooper
(c) City or town Boonville near Gilliam
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Ann Cott
3. (b) If veteran, ✓ name war _____
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 10
year 1943 hour 11 minute pm M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
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 2-9-43 to 2-10-43
that I last saw h. ET alive on 2-10-43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchitis - tracheo-bronchitis
Duration 5 days

8. AGE: Years Months Days If less than one day
4 7 9 _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 1060

10. Usual occupation Child

Major findings: Of operations None

11. Industry or business _____

Of autopsy Inflammatory obstruction
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Lawrence M. Cott

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

14. Maiden name Hilzer Agnes Huff (City, town, or county) (State or foreign country)

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

16. (a) Informant Lawrence M. Cott
(b) Address Gilliam Mo.

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof Feb, 12, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Near Gilliam Mo
18. (a) Signature of funeral director Jones and Salzer
(b) Address Water Mo.

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 MD

23. Signature [Signature] (M. D. or other) MD
Address Boonville, Mo Date signed 2/15/43

19. (a) Feb-12-43 (b) Dr Ghas Swap
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-43

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 _____

Herman Salzer

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman Salzer

Licensed Embalmer No. 1831

P. O. Address Slater road

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.