

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

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FILED JUL 9 1943 10
Registration District No.

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Candrian mo

(b) City or town Mexico mo

(c) Name of hospital or institution: Candrian Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 13 days
(If not in hospital or institution, write street number and location) (Specify whether)

In this community 13 days
years, month or days

3. (a) PRINT FULL NAME Nelly Pope Cenn

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife W B Cenn

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 3 1874
(Month) (Day) (Year)

8. AGE: Years 29 Months 3 Days 1 If less than one day hr. ✓ min.

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

10. Usual occupation at home

11. Industry or business same

12. Name Walter Y Broadball

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

14. Maiden name Mary Ann Whitehead

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

16. (a) Informant Added Sign

(b) Address Hillsville mo

17. (a) Burial (b) Date thereof 6/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsville mo

18. (a) Signature of funeral director W B Wells

(b) Address Hillsville mo

19. (a) 6/4/43 (b) Margaret Mackie
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candrian

(c) City or town Mexico mo 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1943 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from May 5 1943 to June 4 1943 that I last saw her alive on June 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic lymphatic leukemia Duration 3 mo?

Due to.....

Due to.....

Other conditions 74
(Include pregnancy within 3 months of death)

Major findings: 74

Of operations.....

Of autopsy.....

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.....

23. Signature R. F. Mauveal (M. D. or other) MO

Address Mexico mo Date signed 6/4/43

RECEIVED

District Health Officer No. 10

District File Number 7-43-1150

Date Filed JUL 7 1943

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 F. B. Welch.....

Licensed Embalmer No. 1588.....

P. O. Address Shelburne Ma.....

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.