

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32131**

OCT 11 1943

Registration District No. **212**

Primary Registration District No. **3044**

Registrar's No. **46**

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(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 Missouri (b) County Miller **66**
(c) City or town Eldon
(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 Notie B. Reece

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Oct. 9 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel B. Pierce

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

14. Maiden name Marthena Cox

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

16. (a) Informant Bert Reece

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 9-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 9-9-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 7
year 1943 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1943 to Sept 7 1943
that I last saw her alive on Sept 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension & Nephroses

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 [Signature] (M.D. or other)
Address Eldon, Mo Date signed 9/9/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1116

RECEIVED

Miller County Health Dep't.

County File Number 43-76

Date Filed 10-6-43

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.....

..... Louis D. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No. 3663
P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Oct.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Edson
(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 Notie B. Reese

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw the deceased alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex 2 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years _____ months _____ days _____

7. Birth date of deceased Oct. 9 - 1884
(Month) (Day) (Year)

Duration _____

Cerebral hemorrhage
Hypertension and
Nephrosis
chronic pancreatitis
due to Nephritis

8. AGE: Years 58 Months 11 Days _____

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

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

Major findings: 1318
Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

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)

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 W. C. Allen (M. D. certifier)
Address Edson Mo Date signed Sept 14

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

SUPPLEMENTAL

32131