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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35559

ED NOV 15 1943

Registration District No. 293

Primary Registration District No. 4436

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town New London
(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 years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town New London 0
(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.

3. (a) PRINT FULL NAME Blanche A. Megown

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 ____

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

7. Birth date of deceased December (Month) 30 (Day) 1857 (Year)

8. AGE: Years 85 | Months 9 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace New London (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name Squire R. Nichols
13. Birthplace ____ (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Ann
15. Birthplace ____ (City, town, or county) — 9 (State or foreign country)

16. (a) Informant Mrs. L. L. Lemon
(b) Address New London

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct- 8 -'43 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director Edward Megown
(b) Address Frankford - Mo

19. (a) 10-12-43 (Date received local registrar) (b) R S Berkey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1943 hour 8 minute 0 p. M.

21. I hereby certify that I ~~attended the deceased from~~ viewed dead body ~~xx~~, ~~xx~~ Oct- 6, 1943;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture -- Walked into side of moving truck on highway #61. Severe

Due to skull fracture on left side & one at base of skull on left side.

Due to Unaviodable accident-----

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

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

170 a-8
21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 087

(b) Date of occurrence Oct., 6

(c) Where did injury occur? New London (City or town) Ralls (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On U S Highway 61 (Specify type of place)

While at work? ____ (e) Means of injury Skull fractures

23. Signature H E Caldwell (M. D. or other) Coroner

Address New London Date signed 10/8/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-43-1820
Date Filed NOV 12 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 Joan Fields Megquin

Licensed Embalmer No. 4693

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.