

FILED MAY 26 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19276

Registration District No. 334

Primary Registration District No. 4499

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Simpson Hospital & Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 13 Days
In this community 13 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL.")
(d) Street No. Hunnewell R. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Lorena Clark

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May 10 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 II 24 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name James H. Nelms
13. Birthplace Houston Texas
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Young
15. Birthplace Springfield Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Geo M H Drake
(b) Address Hunnewell, Mo R 2
17. (a) Burial (b) Date thereof 5/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Junes Monroe City,

18. (a) Signature of funeral director Willard Sams
(b) Address Monroe City Mo
19. (a) 5-22-1944 (b) Walter Gooch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1944 hour II minute A. M.

21. I hereby certify that I attended the deceased from April 12 1944 to MAY 4 1944
that I last saw h. ER. alive on MAY 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death GASTRIC CARCINOMA

Due to _____
Due to _____
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.

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?

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Harold J. Ellis (M. D. or other) DO.
Address Monroe City Date signed 5-5-44

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

MAY 29 1944

MAY 31 1945

RECEIVED

District Health Officer No. 10

District File Number 5-44-10

Date Filed MAY 25 1944

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 By me

....., Registered Apprentice No.
working under my personal supervision.

Signed Levie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Shawnee, Mo.

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.