

S. No. 2
M-8.42
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27839
Registrar's No. 125

FILED SEP 13 1944
Registration District No. 1944

Primary Registration District No. 5513

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

1. PLACE OF DEATH:
(a) County Henry **RURAL**
(b) City or town LESSVILLE TWP CLAYTON
(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.
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County HENRY
(c) City or town LESSVILLE TWP CLAYTON **RURAL**
(d) Street No. 11 miles East
(e) Citizen of foreign country? Clayton (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nora Alice Inloes
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 30
year 1944 hour 2:00 minute 17 M.
21. I hereby certify that I attended the deceased from 3/20 1941 to 7/30 1944
that I last saw her alive on 7-7/20 1944
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Joseph (c) Age of husband or wife if alive 7 years
7. Birth date of deceased: 4 (Month) 14 (Day) 1875 (Year)

Immediate cause of death Hemorrhage (Uterine)
Due to Carcinoma of Cervix
Due to
Other conditions (Include pregnancy within 3 months of death) HSA
Major findings: Of operations
Of autopsy None

8. AGE: Years 69 Months 3 Days 16 If less than one day hr. min.
9. Birthplace Louisiana (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Isiah Connor
13. Birthplace LA
14. Maiden name Sarah Williams
15. Birthplace Indiana
16. (a) Informant Mrs F. J. Moore
(b) Address Clayton MO
17. (a) Burial (b) Date thereof Aug 1, 1944
(c) Place: burial or cremation First Church
18. (a) Signature of funeral director Fred Williams
(b) Address Clayton MO
19. (a) August 1, 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

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) (c) Means of injury
23. Signature E. C. Peeler (M.D.)
Address Clayton MO Date signed 8/16/44

RECEIVED

District Officer No. 7,

City No. 8-44-1036

Date Filed 9-11-44

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clenton 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: