

U. S. No. 2
DOM-2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 12 1945
Registration District No. 260

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21564
State File No. _____
Registrar's No. 70

Primary Registration District No. 3076

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(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 Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1204 N. Ash Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kelda Nell
3. (b) If veteran, name war
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 25 year 1945 hour _____ minute 3 M.
21. I hereby certify that I attended the deceased from Sept 15 1979 to 5-25 1945
that I last saw him alive on 5-7 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married. 9 divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb 1819 1879
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of Transverse Colon
Duration 10 mo.?

8. AGE: Years 76 Months 2 Days 9
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) None

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

10. Usual occupation Homekeeper

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name Bennett M. DeBeth
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Abbecca Jane Hall
15. Birthplace Unknown Kentucky
(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 _____

16. (a) Informant Henry M. DeBeth
(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof May 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Liberty Cemetery

18. (a) Signature of funeral director Allen J. Brown
(b) Address Nevada Missouri
19. (a) 6-8-45 (b) Hazel B. Burch
(Date received local registrar) (Registrar's signature)

23. Signature RB Masten Javis (M. D. or other) _____
Address Nevada Mo. Date signed 5-27-45

RECEIVED

Director of Health Officer No. 7,

Dist. No. 6-42-654

Date Filed 7-11-45

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 Allen G. Harris

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.