

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

26783

FILED AUG 28 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days Year (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin 36
(c) City or town Sullivan 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Nancy Jeanette Record

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

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 Oct. 8 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 8 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Paris Henry Powers

13. Birthplace Hancock Co., Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Keeney

15. Birthplace Unknown Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary J. Record

(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof Aug. 20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Sullivan, Mo.

18. (a) Signature of funeral director. Thos. P. Shaffer

(b) Address Sullivan, Mo.

19. 8/19/1946 (b) C. P. Carter
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1946 hour 9 minute 10 a. M.

21. I hereby certify that I attended the deceased from Aug. 16 1946 to Aug 16 1946,
that I last saw her alive on Aug. 16 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration Hours

Due to Rupture of cerebral blood vessel

Due to Hypertension Year

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

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Taylor M.D. Date signed 8-17-46
Address Sullivan, Mo.

RECEIVED
District Health Officer No. 9,
District File Number 8-46-218
Date Filed 8-27-46

JUL 31 1956

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

Signed Robert M. Murray
Licensed Embalmer No. 3749
P. O. Address Sullivan, 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.