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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3812

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 32

1. PLACE OF DEATH:
(a) County ADAIR
(b) City or town KIRKSVILLE MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: COMMUNITY NURSING HOME (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 MO'S 4 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LINN 58
(c) City or town BROWNING (If outside city or town limits, write "RURAL") 1
(d) Street No. — (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME EVA NAOMA BISWELL
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex FE 1 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife FRANK L BISWELL 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased DEC (Month) 5 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	2	5	hr. min.

9. Birthplace BROWNING (City, town, or county) MO D (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER 12. Name WM GOOCH
13. Birthplace — unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name AGNES TRUMBO
15. Birthplace KY. (City, town, or county) 1 (State or foreign country)
16. (a) Informant MRS F. H. REYNER
(b) Address CHICAGO, ILL.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 14 47 (Month) (Day) (Year)
(c) Place: burial or cremation JENKINS
18. (a) Signature of funeral director RIGGEN & SON
(b) Address MILAN MO
19. (a) 2-13-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1947 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from Oct 20 1946, to Feb 12, 1947 that I last saw her alive on Feb 12, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Generalized Arterio Sclerosis	
Due to 1	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 83A	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature [signature] (M. D. or other) RO
Address Kirksville MO Date signed 2-12-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1947

RECEIVED
District Health Officer No. 10
District File Number 2-47-360
Date Filed FEB 17 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.