

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 25 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42889

Registration District No. 155

Primary Registration District No. 4244

Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Avery Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months
(Specify whether years, months or days)

In this community Life Time

3. (a) PRINT FULLNAME Nancy E. Brock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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 July 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 3 17 hr. min.

9. Birthplace Jasper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Johnson

13. Birthplace No Data
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hokett

15. Birthplace No Data
(City, town, or county) (State or foreign country)

16. (a) Informant James Earl Brock

(b) Address R.R. #4 Carthage Mo.

17. (a) Burial (b) Date thereof 4/12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sterling Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) APR. 11; 47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #4 Carthage Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 8 minute 10 p. M.

21. I hereby certify that I attended the deceased from 4-8 to 4-9, 1947; that I last saw him alive on 4-9 and that death occurred on the date and hour stated above.

Immediate cause of death Compulsive heart failure

Due to Senility

Due to _____

Other conditions 935
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) 99

Address CARTERVILLE MO Date signed 4-11-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

49-3-282

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.