

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25035  
Registrar's No. 77

Registration District No. 278 Primary Registration District No. 953

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Rural Buffalo  
(c) Name of hospital or institution: 2 miles west of Louisiana, Mo.  
(d) Length of stay: In hospital or institution 1 year  
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pike  
(c) City or town Frankford  
(d) Street No.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CORA STEEL FILBY  
3. (b) If veteran, name war  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 17 year 1947 hour 2 minute A.M.  
21. I hereby certify that I attended the deceased from 9-11-46 to 7-17-47 that I last saw her alive on 7-11-47 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (c) Age of husband or wife if alive 8 years 1875  
7. Birth date of deceased Sept. 8 1875

Immediate cause of death Myocardial Failure  
Due to Generalized Carcinomatosis  
Due to Carcinoma of Cervix  
Other conditions  
Major findings: Of operations  
Of autopsy

8. AGE: Years 71 Months 10 Days 9  
If less than one day hr. min.

9. Birthplace Frankford, Mo.

10. Usual occupation Retired Cafe Owner

11. Industry or business Cafe Owner

12. Name Gabriel P. Melford

13. Birthplace Unknown Unknown

14. Maiden name Nancy Lane Fisher

15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Wm. Shaffner  
(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 7/19/47  
(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Garner & Sterne  
(b) Address Louisiana, Missouri

19. (a) 7/18/47 (b) Bernice Collier  
(Date received local registrar) (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?  
(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 Chas. H. Lewellen (M. D. or other)  
Address Louisiana, Mo Date signed 7-18-47

Duration  
1 day  
1 yr  
over 5 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number S. 47-990  
Date Filed AUG - 5 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.....

..... *Virginia M. Stone* ....., Registered Apprentice No. *491*  
working under my personal supervision.

Signed..... *Harold J. Turner* .....

Licensed Embalmer No. *3720*

P. O. Address..... *Trinidad 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.**