

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1865

FILED FEB 11 1948

Registration District No. 236

Primary Registration District No. 5818

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural-Moreau tw.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
One mi. N. Versailles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71
(c) City or town Rural-Versailles 0
(If outside city or town limits, write "RURAL")
(d) Street No. One mi. N. Versailles 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME NANCY ELIZABETH TOMBLESON

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 James M. Tombleson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 8th 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>11</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Miller County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Cook

13. Birthplace Millers County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Cook

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ted Emory

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Feb 6th - '48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Latham Cemetery

18. (a) Signature of funeral director H. F. ...

(b) Address Versailles, Missouri

19. (a) 3-5-48 (b) J. L. Waalburn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4th
year 1948 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 2, 1947 to Feb. 4, 1948
that I last saw her alive on Feb 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death -
Anemia 2 weeks
Hypostatic pneumonia week
Due to General Debility
and senility

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

Major findings:
Of operations _____
Of autopsy 132

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? 2

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

23. Signature P. J. Eckhoff (M. D. or other) DO
Address Versailles, Mo. Date signed 2-5-48

214 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Date Filed 2-18-48
District File Number 1-48-48
District Registrar ...

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.....

Gene H. Partman

Licensed Embalmer No. 4021

P. O. Address JEFFERSON, MISSOURI

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.