

REC'D MAY 20 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space. 14745

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 347  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3018 Registered No. \_\_\_\_\_  
 (c) City Clinton (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

Nancy Ann Province 615  
 (a) Residence, No. 306 South Water St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm G Province

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26/1848

7. AGE YEARS 89 MONTHS 4 DAYS 12 If LESS than 1 day, .....hrs. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Huf  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Joseph Hogan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Celia Harris  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Char Province  
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebo cem DATE 5/9 38

19. FUNERAL DIRECTOR (ADDRESS) Consobly Peck  
Clinton Mo

20. FILED 5-10 1938 Dr J R Hampton  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1938

22. I HEREBY CERTIFY, That I attended deceased long time, 1938 to 5-8, 1938  
 I last saw her alive on about 3-1, 1938. Death is said to have occurred on the date stated above, at 8 P. m.  
 The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset Don't know

Other contributory causes of importance: St. 1  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_ To

24. Was disease of injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Ed O'Connell, M. D.  
 (Signed) \_\_\_\_\_ (Address) Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J E Consolin, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed J E Consolin  
Licensed Embalmer No. ....

**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.)**