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.

REC'D MAR 15 1939

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

6659
Do not use this space.

1. PLACE OF DEATH Hickory 2
(a) County Montgomery Registration District No. 363
(b) Township Primary Registration District No. 5508 Registered No.
(c) City Quincy, Mo (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Jane Page
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fm
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J B Page
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1869
7. AGE YEARS 79 MONTHS — DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Missouri

FATHER
13. NAME Jack Page
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Herbert Page Quincy - Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Iron DATE 7/5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J R Lucky Wheatland Mo
20. FILED Feb 8 1939 Mabel O. Handiford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 30th 1939, to Feb 4th 1939
I last saw her alive on Jan 30th 1939. Death is said to have occurred on the date stated above, at 12:05 m.
The principal cause of death and related causes of importance were as follows:
Influenza senility & cardiac failure
Date of beginning of heart failure unknown
Date of onset: About 1-23-39 (influenza)
Other contributory causes of importance: Chronic nephritis 31
Name of operation no operation Date of —
What test confirmed diagnosis? Phys exam Was there an autopsy? No
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 —
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. W. Murray, M. D.
(Address) Quincy, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-37-32
Date Filed 2-28-37

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, ...

J R Luckey, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed J R Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.