

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.

DEC'D MAR 16 1939

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

7926

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 7926
(b) Township Arrow Rock Primary Registration District No. 44-73 Registered No. _____
(c) City Nelson (d) Street No. Mrs. Louis Finley Home Nelson, Mo. 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 Mrs. Nancy Ellen Jose

(a) Residence, No. Nelson, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.A. JOSE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1856
7. AGE YEARS 82 MONTHS 9 DAYS 29 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Boone County
(STATE OR COUNTRY) Missouri

13. NAME James R. Gibson
14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

15. MAIDEN NAME James R. Coats
16. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr. William Jose
(ADDRESS) R.F.D. # L Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Rock, Mo. DATE Feb. 25, 1939

19. FUNERAL DIRECTOR (NAME) L. J. Menster
(ADDRESS) Boonville Mo.

20. FILED Feb. 28, 1939 C. L. Lawless
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1939

I HEREBY CERTIFY That I attended deceased from Feb. 12, 1939 to Feb. 23, 1939
I last saw him alive on Feb. 23, 1939. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Name of operation Amputation Date of

What test confirmed diagnosis Amputation Was there an autopsy? ☒

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?

If so, specify P.L. Lawless

(Signed) P.L. Lawless, M. D.

(Address) Marshall Mo.

RECEIVED
DISTRICT HEALTH OFFICER
NO. 8

DATE OF FILING

FILED

RECEIVED
District Health Officer No. 8
District File Number
3/3/39
Date Filed

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, L. J. Meier

or by

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

Signed

L. J. Meier

Licensed Embalmer No. # 2232

P. O. Address

Boonville, 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, above space should be left blank.