

REC'D MAR 15 1939

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

8073
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township 1 Primary Registration District No. 3039 Registered No. 30
(c) City Nevada (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

5-36 Nancy J. Sanders
(a) Residence, No. 21 Main Street 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Theodore F. Sanders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 3 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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
13. NAME George Bentley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Polly Swearingen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. J. M. Speece
(ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dellaville, Mo. DATE Feb. 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Days Funeral Service
Nevada, Mo.

20. FILED 2-6 1939 Allen & Deane
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 Oct 6 - 1938, to Feb 4 1939
I last saw her alive on Feb 4 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:

Cancer of Liver Date of onset Oct 6 1938

Other contributory causes of importance: Hb

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Exam 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. H. Love M. D.
Nevada, Mo.
(Address) 775

STATE OF NEVADA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 7

District File Number 7-39-385-

Date Filed 3-8-39

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

Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.