

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH23452
Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 1096
 (b) Township Flat Creek Primary Registration District No. 6247
 (c) City _____ (d) Street No. _____
 (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

(a) Residence, No. NANCY BILES 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 (OR) WIFE OF Thos. Biles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Stone Co. Mo13. NAME Wm. Kumberling14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.15. MAIDEN NAME America Cox16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Mrs Nora DeLoe Wilson
Cape Fair Mo18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funeral Home DATE 6/2/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Nelson Funeral Home
Barryville Ark20. FILED 6/2 19 39 Louis Keeney
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 19 3922. I HEREBY CERTIFY, That I attended deceased from Jun 10 19 39 to May 31 19 39

I last saw him alive on Feb 20 19 39. Death is said to have occurred on the date stated above, at 1030 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of UterusDate of case 1938

Other contributory causes of importance:

Mitral insufficiency1938

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) R. S. Shumate M. D.(Address) Peeds Spring Mo

RECEIVED

District Health Officer No. 6,

District File Number 739-1366

Date Filed JUL 6 1939

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, me

....., or by

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

Signed Gilbert P. Sisco

Licensed Embalmer No. 561 (Ark.)

P. O. Address Berryville, Ark.

(Body prepared in Ark.)
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.