

AUG 16 1939

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

25334
Do not use this space.

1. PLACE OF DEATH *Cass*
(a) County *Cass* Registration District No. *152*
(b) Township *Camp Branch* Primary Registration District No. *5216*
(c) City _____ (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 *7* yrs. *8* mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Nancy O Voris*
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nelson Voris*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 25-1865*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *73 7 8*
OCCUPATION
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) *march 1939* 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Summerset, Ohio*
FATHER
13. NAME *John Kernen*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa*
MOTHER
15. MAIDEN NAME *Mattie Beery*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Perry Co Ohio*
17. INFORMANT (ADDRESS) *Nelson Voris Harrisonville Mo*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Orient* DATE *7/5/39*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *A. O. Hartley East Rome Mo*
20. FILED *7-5* 1939 *Ms. Effie Stonestreet Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 3 1939*
22. I HEREBY CERTIFY That I attended deceased from *May 20 1939* to *July 3 1939*
I last saw *her* alive on *July 3 1939* Death is said to have occurred on the date stated above, at *3:15 PM*.
The principal cause of death and related causes of importance were as follows:
Hepatic Cirrhosis
Angina Pectoris (secondary)
Date of onset *3/39*
Other contributory causes of importance:
Chronic Nephritis
Chronic Myocarditis
Edema of lungs
Name of operation *none* Date of _____
What test confirmed diagnosis? _____ 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) *George C. Welch* M. D.
(Address) *Harrisonville, Mo*

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 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.....

G. de Hartler

Licensed Embalmer No.....

2717

P. O. Address.....

East Lyme

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.