

REC'D AUG 22 1939

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

25858

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 404  
 (b) Township Hickman Primary Registration District No. 3359 Registered No. 47  
 (c) City HICKMAN MILLS (d) Street No. R.F.D.#1 Hickman Mills, 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. Noble Lucille Evanson Bonnister Rd.  
 (a) Residence, No. 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 Fe 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 HARRY C. EVANS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
53 7 7

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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME Frank S. Kelsoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Margaret M. E. Elum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT MR HARRY C. EVANS  
 (ADDRESS) R.F.D.#1- HICKMAN MILLS, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE July 17, 1939

19. FUNERAL DIRECTOR (NAME) D. J. [ ]  
 (ADDRESS) 140 1/2 Brush Creek

20. FILED 8-10-, 1939 Mrs. J. [ ] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 1938 to July 15, 1939  
 I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above, at 9 P.M.

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

Carcinoma of Cervix - 6 1/2  
1938

Other contributory causes of importance:  
metastasis to urinary bladder, abd. & lungs - hysterectomy

Name of operation Hysterectomy Date of Jan. 1939  
 What test confirmed diagnosis? 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) Paul J. [ ], M. D.  
 (Address) 424 [ ]

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.

Polk ... 1651  
5921 Grant

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.**