

AUG 16 1939

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

26393
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway. Registration District No. 626
(b) Township Maryville, Mo. Primary Registration District No. 2031 Registered No. 100
(c) City Maryville, Mo. (d) Street No. St. Francis Hospital 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 Belle Nanson Rankin.

(a) Residence, No. 525 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) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aaron Rankin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) []

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

FATHER 13. NAME John T. Nanson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER 15. MAIDEN NAME Lizzie Patrick.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Stella Rankin.
Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery July 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home.
Maryville Mo.

20. FILED 7-29-39 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939 to July 26, 1939
I last saw her alive on July 27, 1939 Death is said to have occurred on the date stated above, at 12:45 A.M.

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

Lobar Pneumonia Date of onset 7-14

Other contributory causes of importance:

fracture of neck

of femur

Name of operation None Date of 7-12
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? husband Date of injury 7-11, 1939
Where did injury occur? husband's home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
Nature of injury fracture neck femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No
(Signed) K. L. Summers, M. D.

(Address) Maryville, Mo

RECEIVED

District Health Officer No. 111

District File Number 839-1062

Date Filed AUG 14 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, or by.....

Clem M. Price

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clem M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Marysville W.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

26393
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625-
(b) Township Marquette Primary Registration District No. 3031
(c) City Marquette (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. (?) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Belle Hanson Rankin

(a) Residence, No. _____ St. (If non-resident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-21-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 7 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7-29 1939 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) K. C. Cummings, M. D.

(Address) Marquette

S- 26393

1939