

AUG 7 1939

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

27099

Do not use this space.

1. PLACE OF DEATH

(a) County Nevada Registration District No. 875
(b) Township _____ Primary Registration District No. 3039 Registered No. 191
(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. mo. da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

(a) Residence, No. 627 Mary Elizabeth Ferguson St. South Washington
(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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul. 2 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 3

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) Platte County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henderson Hossard

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

MOTHER 15. MAIDEN NAME Sydney Thompson

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

17. INFORMANT Mrs. Henry Mase
(ADDRESS) Nevada

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwood DATE June 6 1939

19. FUNERAL DIRECTOR (NAME) Ways Funeral Service
(ADDRESS) Nevada

20. FILED 6-5 1939 Allen & Ways
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1939

22. I HEREBY CERTIFY that I attended deceased from May 20 1939, to June 4 1939

I last saw her alive on June 4 1939. Death is said to have occurred on the date stated above, at 9:00 m.

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

Cerebral Hemorrhage

Date of onset
6/1/39

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? No

23. 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. A. Fore, M. D.

(Address) Nevada, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1141

Date Filed 8-4-39

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 N

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.