

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

OCT 19 1939

32123

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 157  
(b) Township Pleasant Hill Primary Registration District No. 4091 Registered No. 34  
(c) City Pleasant Hill (d) Street No. St.  
(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. 246 Nannie E. Moore (Russell) St. Mo. (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  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF John Russell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1869  
7. AGE YEARS 70 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
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) Park Grove (STATE OR COUNTRY) Mo.

13. NAME Quint Brizendine

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

15. MAIDEN NAME Jane Alley

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

17. INFORMANT Mrs. W. P. Roles (ADDRESS) Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cemetery DATE 9/30/39

19. FUNERAL DIRECTOR (NAME) St. Joseph (ADDRESS) Pleasant Hill, Mo.

20. FILED Oct-1- 1939 Mrs. Etta M. Aldridge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to Sept 27, 1939  
I last saw her alive on Sept 27, 1939. Death is said to have occurred on the date stated above, at 11:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 4/2

Other contributory causes of importance: 4/2

Name of operation L Date of no  
What test confirmed diagnosis? L Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19  
Where did injury occur? no  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) St. Joseph M. D.  
(Address) Pleasant Hill, Mo.

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,

*D. A. Nozenger*

, or by

Registered Apprentice No.

*3938*

, working under my personal supervision.

Signed

*D. A. Nozenger*

Licensed Embalmer No.

*3938*

P. O. Address

*Wesauville*

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.