

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1533

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
902 W. Love St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 14 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 902 W. Love St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1940 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 1, 1939, to Jan 2, 1940
that I last saw her alive on Dec 31, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of breast

Duration

Due to _____

Due to 50

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Breast removed about 4 years ago
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. Williams (M. D. or other) MD
Address Missouri Ave Date signed 1-2-40

8. (a) PRINT FULL NAME Nannie Jane King

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Henry King 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 11 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business C

12. Name Thomas P. Shock

13. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Mobley

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nannie King

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof Jan. 3, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Earl Z. Pugh

(b) Address Mexico, Mo.

19. (a) Jan 2 1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 2-40-304

Date Filed FEB 3 1940

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.