

S. No. 2
-11-10-39
-5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7337

State File No. _____

FILED MAR 5 1940
547

Registration District No. _____

Primary Registration District No. 3029

Registrar's No. 41

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

64
1
5

1. PLACE OF DEATH:

(a) County Marion
Hannibal

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St Elizabeth Hospital /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days Heart
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Nina Elizabeth Dean 500

8. (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 William J. Dean 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 8 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Zephmin Murry

13. Birthplace Vienna Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Nanie Doyle

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

16: (a) Informant NJ Dean

(b) Address Monroe City, Mo.

17. (a) Burial (b) Date thereof Feby. 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Judes Cemetary

18. (a) Signature of funeral director Wilson & son HC00

(b) Address Monroe City, Mo. POB

19. (c) Feb 5 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Monroe City
(If outside city or town limits, write "RURAL")

(d) Street No. 311 N. Oak Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feby day 3rd
year 1940 hour I minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 31
_____, 1939, to Feb 3, 1940
that I last saw her alive on Feb 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

PHYSICIAN _____

Underlines the cause to which death should be charged statistically.

Major findings: none / 20

Of operations _____

Of autopsy none

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 John P. Reardon (M. D. or other) _____
Address 100 N. 1st St. Hannibal, Mo. Date signed _____

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

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.