

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

8454
 Do not use this space.

NOV MAR 16 1940

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039 Registered No. 55
 (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Leretta Bice

(a) Residence, No. 1253 N. Main 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF E. E. Bice (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janetkeeper
 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) Prince Edward Island Canada

FATHER 13. NAME James Murphy 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Dorah Murphy 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Susan Leretta Bice 711 E. Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Calvary DATE Feb 19 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne Funeral Service Nevada, Mo.

20. FILED 2-17 1940 Allen V. Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1940
 22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1940, to Feb 16 1940.
 I last saw her alive on Feb 16 1940 Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris.
at N
 Other contributory causes of importance: Don't know

Date of onset Feb 16 1940.

Name of operation none Date of _____
 What test confirmed diagnosis? History Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) W. R. Bice, M. D.
Nevada, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

50M-9-19-38 I X16905

RECEIVED
District Health Officer No. 7,
Dist. File Number 3-40-360
Date Filed 3-4-40

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, 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.