

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8711
Registration District No. 791
Primary Registration District No. 1003
Registrar's No. 2194

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 5 Days.
(Specify whether years, months or days) 5 Years.

8. (a) PRINT FULL NAME Bessie McAdoo Nance.

8. (b) If veteran, name war _____ 8. (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 Willard G. Nance. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 10, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 21 _____ hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Dont Know Melton

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

14. Maiden name Sarah Elizabeth Lont Know

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

16. (a) Informant Willard G Nance

(b) Address 4115 McPherson Ave

17. (a) Removal. (b) Date thereof Mar. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAR 5 1940 (b) J. Braddock
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL") 0
(d) Street No. 4115 McPherson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st.
year 1940 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from 2-21-
1940 to 3-1- 1940;
that I last saw her alive on 3-1- 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Thrombosis
Due to _____
Due to _____

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

Major findings: 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) _____ (Means of injury)

23. Signature Carl R. King (M. D. or other) _____

Address 3604 Washington Date signed 3-2-40

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

MOTHER FATHER

Dr. Folk
11-1

219A

219A

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Luiddell

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.