

15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23118

Registration District No. 908

Primary Registration District No. 4549

State File No. _____

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Wright 3
(b) City or town Wright
(c) Name of hospital or institution: Nurses Home
(d) Length of stay: In hospital or institution one week
In this community 2 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Rural Morris Sup.
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1940 hour 35 minute P.
21. I hereby certify that I attended the deceased from 4-18 1940 to 4-30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid 17 days

Other conditions: Typhoid pneumonia 2 days

Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Signature: A. G. Frame (M. D. or other) _____
Date signed: 5/7/40

3. (a) PRINT FULL NAME Nora Blanche Casebeer

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Oliver Casebeer 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Dec 16 1899
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Wall

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

14. Maiden name Sarah Douglas

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

16. (a) Informant Oliver Casebeer

(b) Address Ben Davis Mo

17. (a) Burial (b) Date thereof May 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clara Cemetery TEXAS

18. (a) Signature of funeral director Raymond V. Elliott

(b) Address Central Missouri

19. (a) 5-2-1940 (b) Bernice Mackemy
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 640-1469

Date Filed -----

JUN 26 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.....

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

working under my personal supervision.

Signed

Gaylord Elliott

Licensed Embalmer No. 2252

P. O. Address Chester 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.