

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25264**

Registration District No. **0329**

Primary Registration District No. **3195**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Laredo
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 months
 (Specify whether years, months or days) 2 1/2

3. (a) PRINT FULL NAME NANCY ROENA EATON

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 widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 23 1951
 (Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John McFee

13. Birthplace Sullivan Co Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wilkote

15. Birthplace Sullivan Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John L. Gordon

(b) Address 4404 Norton KC Mo

17. (a) Burial (b) Date thereof July 7 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grav Cem

18. (a) Signature of funeral director E. E. Robertson

(b) Address Laredo Mo

19. (a) July 5 1940 (b) Mrs. Mabel Warren
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3
 year 1940 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from 6-25, 1940 to 7-3, 1940
 that I last saw her alive on 7-7-40, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic Bronchitis

Due to _____

Other conditions Old age
 (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?
 _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Robertson (M. D. or other) _____

Address Laredo Mo Date signed 7-3-40

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

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.....

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address *Fareed, 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.