

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

28426  
Do not use this space.

FILED SEP 25 1940

1. PLACE OF DEATH  
 (a) County Dunklin Registration District No. 288  
 (b) Township Summit Primary Registration District No. 4172  
 (c) City Summit (d) Street No. \_\_\_\_\_  
 (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. da.

2. PRINT FULL NAME Nancy Sue McFain  
 (a) Residence, No. 245 St. Summit (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) infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 - 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. infant

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) Dunklin MO

FATHER  
 13. NAME Elder McFain  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler MO

MOTHER  
 15. MAIDEN NAME Mabel Joyner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler MO

17. INFORMANT Elder McFain (ADDRESS) Summit MO

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Schumaker DATE Aug 24 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James H. King Summit MO

20. FILED 9-4-40 1940 Arthur D. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1940 to Aug 25 1940  
 I last saw her alive on Aug 25 1940 Death is said to have occurred on the date stated above, at 2 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Illis Colitis Date of onset 18  
1149

Other contributory causes of importance:  
unsanitary feeding

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) George J. ...  
 (Address) Summit MO

RECEIVED

District Health Officer No. 2

District File Number 940-145

Date Filed 9/11/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**