

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36207

State File No. _____

FILED NOV 25 1940

Registration District No. 750

Primary Registration District No. 4451

Registrar's No. 1699

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 6 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town Doniphan
(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.

3. (a) PRINT FULL NAME

Nettie Hector
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 Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 26, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Columbus Featherston

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

14. Maiden name Charlotta Cherry

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

16. (a) Informant Mr. Garrison

(b) Address Doniphan, Missouri

17. (a) Burial (b) Date thereof Sept. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity Cemetery

18. (a) Signature of funeral director Greer-Croy

(b) Address Poplar Bluff, Missouri

19. (a) 10-3-1940 (b) C. B. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 28
year 1940 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 15, 1940 to Sept. 21st, 1940; that I last saw her alive on Sept. 21st, 1940; and that death occurred on the date and hour stated above.
Immediate cause of death Insanitation

Due to unable to retain food.
Due to Cancer of small and large bowel.
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations H¹
Of autopsy _____

Duration _____

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) (e) Means of injury _____

23. Signature J. Edw. Adamson (M. D. or other) _____
Address Doniphan, Mo. Date signed 9/29/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number. 10401074

Date Filed

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.....

B. J. Brentlinger....., Registered Apprentice No. 208
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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, fact should be so stated above.