

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1941

43574

State File No. _____

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Polk
 (b) City or town Pleasant Hope (Mooney)
(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)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 45 yrs years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Polk
 (c) City or town Pleasant Hope (Mooney)
(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 Nellie Blanche John
 3. (b) If veteran, name war none 3. (c) Social Security No. none
 4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife L. F. 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased June 28 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 25
 year 1940 hour 2 minute A.M.
 21. I hereby certify that I attended the deceased from 1934, 19____ to Oct 20, 1940;
 that I last saw her alive on Oct 20, 1940;
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

Immediate cause of death Valvular Heart Disease Duration 20 yrs

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

Due to Tuberculosis Chr Pulmonary 24 yrs

10. Usual occupation Housekeeper 2nd Sales Lady

Due to _____

11. Industry or business Housework and Store

Other conditions J. J.
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Septisera Day John

Major findings: Of operations _____

13. Birthplace Penn

Of autopsy _____

14. Maiden name Elizabeth M. Engon

Physician _____
 Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Mamie Burns

(a) Accident, suicide, or homicide (specify) _____

(b) Address Pleasant Hope, Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct. 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Pleasant Hope Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director _____
 (b) Address Pleasant Hope, Mo.

23. Signature Robert Glyn (M. D. or other) 1/22
 Address Springfield Date signed 1/14/41

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-5

Date filed 1-2-41

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

William B. Ewing

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.