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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3360
Registrar's No. 6

Registration District No. 038 Primary Registration District No. 3628

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ Years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME NANCY ABRIGAIL REVELLE
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 Married

6. (b) Name of husband or wife Henry Revelle 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased January 22, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 16 _____ hr. _____ min.

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Green B. Casey

13. Birthplace Lincoln County Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hill

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

16. (a) Informant Mary D. Hunter

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 1/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Fredericktown, Mo.

18. (a) Signature of funeral director Ed J. Webb

(b) Address Fredericktown, Mo. 401

19. (a) Jan 12 - 1941 (b) S. C. I. Co. Registrar
(Date received local registrar) (State or foreign country)

2. USUAL RESIDENCE OF DECEASED: 62
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(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? 0 years.

1941 MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 7
year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to Jan 7, 1941.
that I last saw her alive on Jan 7 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrina
In right lung.

Due to Injury 6 yrs ago

Due to _____
Other conditions 47 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? Auto Injury 6 yrs ago
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On West main, while passing auto mobile. (Specify type of place) _____

While at work? and she pitched out (Specify type of work) _____

23. Signature M. B. Barber (M. D. or other) _____

Address Fredericktown, Mo. Date signed 1941

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.....

Myron A. LaPee....., Registered Apprentice No.....
working under my personal supervision.

Signed Myron A. LaPee
Licensed Embalmer No. 4025 (4025)
P. O. Address Fredericktown, 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, fact should be so stated above.