

FILED FEB 25 1941

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

4765  
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 896  
 (b) Township Grant Primary Registration District No. 6199 Registered No. 2112  
 (c) City ..... (d) Street No. 0 St. 0  
 (e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Webster County St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William D.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1-1867  
 7. AGE YEARS 73 MONTHS 10 DAYS 10 If LESS than 1 day, x hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. Home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

13. NAME John Stovall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Will Thomas  
Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thomas DATE December 13 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rev. Rainey  
Marshfield, Missouri

20. FILED July 10, 1941 Elizabeth Hagglin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 - 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1940, to Dec. 11 1940  
 I last saw her alive on Dec. 10 1940 Death is said to have occurred on the date stated above, at 8:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia - Acute Lobar Date of onset 12/10/40  
Diabetes Mellitus Years  
Arteriosclerosis - Generalized Years  
 Other contributory causes of importance:  
No  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? Chloroform Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 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? No  
 If so, specify CP Macdonald (M. D.)  
 (Signed) CP Macdonald (Address) Marshfield, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X14235

RECEIVED

District Health Officer No. 8  
241-383

District File Number

Date Filed FEB 24 1947

*W. C. ...*

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 *Lee H. ...*

Licensed Embalmer No. 3312

P. O. Address Marshfield, Me.

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.