No. 2
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17-39.
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10212

Registration District No. 13 FILED APR 21 1941

Primary Registration District No. 5139

Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Caldwell Fairmount
(b) City or town Breckinridge (rural)
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell
(c) City or town Breckinridge (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Fairview Twpt
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nancy Jane Wells
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex FE 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George Wells
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased July (Month) 17 (Day) 1855 (Year)

8. AGE: Years 85 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Sparta (City, town, or county) Tenn 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henderson Anderson
13. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name Caroline Goodman
15. Birthplace Unknown (City, town, or county) Tenn 1 (State or foreign country)
16. (a) Informant Mrs Mason Lee
(b) Address Breckinridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Phares Cem.
18. (a) Signature of funeral director Bernard F. Mead
(b) Address Braymer, Mo
19. (a) 3/4. 1941 (Date received local registrar) (b) Housewife (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1941 hour 3 minute 00 p. M.
21. I hereby certify that I attended the deceased from Jan. 12, 1941, to March 2, 1941; that I last saw her alive on March 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	48 hrs
Due to Influenza	1-12-41
Due to Chronic Bronchitis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury NV
23. Signature John R. Crank (M. D. or other) DO
Address Braymer, Mo Date signed 3-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Barnard L. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.