

No. 2
1-10-39
17-39
X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11668

APR 28 1941

State File No. _____

Registration District No. 678

Primary Registration District No. 4404

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community: 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town St James
(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.

8. (a) PRINT FULL NAME Ann O West

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 - 12 - 1847
(Month) (Day) (Year)

8. AGE: Years 94 Months - Days 26 If less than one day _____
hr. min.

9. Birthplace Marango co Ala
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Frederick B Bryan

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

14. Maiden name Halladay Ann Bush

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

16. (a) Informant Edna Preuss

(b) Address St James Mo

17. (a) Burial (b) Date thereof 3-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director W E Luchter

(b) Address St James Mo

19. (a) 3/8/41 (b) Eldie B. Hoyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 1941 hour 11:30 minute 6 M.

21. I hereby certify that I attended the deceased from March seventh, 1941, to March 8th, 1941;
that I last saw her alive on March 7th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Chronic nephritis

Due to Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Duration
2 days

Major findings: 12/8

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?
Call
(Specify type of place) (e) Means of injury

23. Signature W Hanner (M. D. _____)

Address St James Date signed 3/8/41

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

MOTHER FATHER

RECEIVED

District Health Officer No: 5,

District File Number 441 449

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 _____

working under my personal supervision.

me

Registered Apprentice No. _____

Signed

Oval E. Richards

Licensed Embalmer No. 3546

P. O. Address

St. James

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.