S. P. Martin M.D. FILED MAY 20 1941

No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15211

Registration District No. 667 Primary Registration District No. 67 4334 Registrar's No. 22

1. PLACE OF DEATH

(a) County: Mississippi

(b) City or town: East Prairie Mo (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 years, months or days)

In this community: 59 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mississippi 67

(c) City or town: East Prairie Mo. 2 (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: NANCY CAROLINE HILLSTON

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: None

4. Sex: Fem'l

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Jan. (Month) 23 (Day) 1865 (Year)

8. AGE: Years 76 Months 2 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace: Graves Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: ____

FATHER
12. Name: Noah Thompson
13. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant: J. R. Pregson
(b) Address: East Prairie Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation: W. O. W

18. (a) Signature of funeral director: Graves Shelby
(b) Address: East Prairie Mo

19. (a) 5-9-1941 (Date received local registrar) (b) Mrs D M Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to April 10, 1941, that I last saw her alive on April 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage — Duration

Due to: Arterio-Sclerosis

Due to: ____

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: ____

23. Signature: S P Martin (M. D. or other)
Address: East Prairie Mo Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 541-6
Date Filed 5/16/41

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~~ not embalmed

, Registered Apprentice No.

working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 272

P. O. Address East Prairie, Mo

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

If this body is not embalmed, above space should be left blank.