

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MIDDLE WESTERN STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25689**
Registrar's No. **80**

Registration District No. **55** Primary Registration District No. **6262**

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

1. PLACE OF DEATH:
(a) County **New Madrid**
(b) City or town **Rural - Anderson Sup.**
(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 **2 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Rural - Anderson Sup.**
(If outside city or town limits, write "RURAL")
(d) Street No. **28 Holman Farm**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Nellie Blanche Chance**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **30**
year **1941** hour **3:00** minute..... M.
21. I hereby certify that I attended the deceased from **June 28**
19**41** to **28** 19**41**
that I last saw her alive on **June 28** 19**41**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **December 31 1892**
(Month) (Day) (Year)

Immediate cause of death
Diabetes mellitus 6-2 yrs
acidotic Intoxication
Due to.....

8. AGE: Years **48** Months **5** Days **29**
If less than one day hr..... min.....

Due to **old 61**
Other conditions **arteriosclerosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Young County, Texas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business.....
12. Name **Charles Wilson Thomas**
13. Birthplace **Arkadelphia, Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Belle Long**
15. Birthplace **Louisville, Kentucky**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Ann Ashley Chance**
(b) Address **Clarkton, Missouri, Route # 1**
17. (a) **Burial** (b) Date thereof **July 1 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Stanfield Chapel**
18. (a) Signature of funeral director **H. B. Montemeyre**
(b) Address **Deer, Missouri**
19. (a) **July 1 - 1941** (b) **Huda Macos**
(Date received local registrar) (Registrar's signature)

23. Signature **H. B. Montemeyre** (M. D. or other) **0**
Address **Deer, Mo** Date signed **7-10-41**

AUG 1 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.