No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29089

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

81
3
0

1. PLACE OF DEATH:

(a) County Phelps, Mo.

(b) City or town St James, Missouri
(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
In this community Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 81

(a) State Missouri. (b) County Phelps 3

(c) City or town St James. 0
(If outside city or town limits write "RURAL")

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

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

3. (a) PRINT FULL NAME NANCY ELLEN HOUSE.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female. /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Stanton House.

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

7. Birth date of deceased December, 1st, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days If less than one day hr. min.

9. Birthplace Phelps County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name William Matlock.
13. Birthplace Phelps County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Smith
15. Birthplace Gasconade County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nora E. House.
(b) Address St James, Missouri.

17. (a) St James, Mo. (Burial, cremation, or removal) (b) Date thereof 9-3-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery.

18. (a) Signature of funeral director Jonas + Gorman
(b) Address St James, Missouri

19. (a) 9-8-41 (Date received local registrar) (b) Elsie B. Houk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 1st, year 1941 hour 10 minute 30 M.

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

Immediate cause of death Myocarditis — Duration 3/1/41

Due to

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 William H Brewer (M. D. or other)
Address St James, Mo Date signed 9/3/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 7 1941

MAR 3 1947

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Harry Jonas

Licensed Embalmer No. 2628

P. O. Address Steelville, Mo

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.