

See also 31032-41

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31018

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 264

1. PLACE OF DEATH:

(a) County B. Ware  
(b) City or town Columbia City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
The Ellis Fitchell State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 mos.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84  
(c) City or town Humanville, Rural R. # 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME JENNIE I. DOANE

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 Widowed

6. (b) Name of husband or wife I. L. Doane 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Sept. 29 1971  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 0 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Footville Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name H. G. Beach

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

14. Maiden name Malissa Dean

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

16. (a) Informant Hospital Record  
(b) Address Columbia, Mo.

17. (a) Removal (b) Date thereof Sept. 30, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell's D.

18. (a) Signature of funeral director A. O. Willett

(b) Address Columbia, Mo.

19. (a) 9/30/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1941 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7/16/1941 to 9/29/1941;  
that I last saw her alive on 9/29, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix  
metastases to bladder, retroperitoneal  
lymph nodes liver, lungs, mediastinal  
nodes, supraclavicular lymph nodes,  
brain. Duration 14 mos.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: HO  
Of operations \_\_\_\_\_  
Of autopsy see above

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature London P. Thurberg M.D. (M.D. or other) D  
Address Columbia, Mo. Date signed 9/29/41

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

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OCT 6 1944

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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 *Lynard A. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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, fact should be so stated above.**