

No. 2
1-4-4
5-1-4
1-7-43

DEPARTMENT OF HEALTH

MISSOURI STATE BOARD OF HEALTH

Duplicate of 31012-41

State File No. 31032

STANDARD CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 264

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia, Mo.
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(d) Length of stay: In hospital or institution 2 1/2 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Humansville, Mo.
(d) Street No.
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME

Jennie F. Doane

(b) If veteran name war

(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, 1871

8. AGE: Years 70 Months 0 Days 0

9. Birthplace Fosterville, Wisconsin

10. Usual occupation Housekeeper

11. Industry or business

12. Name H. G. Beach

13. Birthplace Connecticut

14. Maiden name Melissa Dean

15. Birthplace N. Carolina

16. (a) Informant Hospital Record

(b) Address Columbia, Mo

17. (a) Removal (b) Date thereof Sept. 30, 1941

(c) Place: burial or cremation Mitchell, S. D.

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

(b) Address Columbia, Mo

19. (a) 9/30/41 (b) Allie Selby

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 & supraclavicular lymph nodes, & brain

Duration 14 mos.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

H&O

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 Theodore P. Oberhard (M. D. or other)

Address Columbia, Mo Date signed 9/29/41

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

1941
5-31018

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.