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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34500

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 280

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

1. PLACE OF DEATH:
(a) County Callaway Co.
(b) City or town Fulton Cities
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 m. - 17 d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Callaway~~ Clark 14
(c) City or town ~~Fulton~~ Wayland ~~Mo~~ 2
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Nova Ellen Hand

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Robert Hand

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Mar (Month) 11 (Day) 1869 (Year)

8. AGE: Years 72 Months 7 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sam Falkinburg
13. Birthplace (City, town, or county) O Mo. (State or foreign country)

MOTHER
14. Maiden name Catherine Childers
15. Birthplace (City, town, or county) O Mo (State or foreign country)

16. (a) Informant Record
(b) Address Fulton, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Sand Cemetery Wayland Mo.

18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton Mo.

19. (a) 10-19-41 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1941 hour 11-50 minute a M.

21. I hereby certify that I attended the deceased from 10-1-, 1941, to 10-19-, 1941;
that I last saw her alive on 10/19, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis ~~[illegible]~~	
Due to Senile Psychosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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 George W. Keers (M. D. or other) M.D.
Address Fulton Mo Date signed

106 (Licensed Embalmer's Statement on Reverse Side)

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 Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.