

FILED DEC 10 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 20

Primary Registration District No. 4496

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Oren
(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 22 years _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
4

(c) City or town Oren 0
(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 Mandy C. Nations

3. (b) If veteran, name war ✓

3. (c) Social Security No. L

4. Sex female 5. Color or race white

6. (a) Name of husband or wife Charkey A. Nations

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1941 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 1940 to 11/15, 1941;
that I last saw her alive on Nov 15, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of breast Duration 2910

Due to 50

Due to _____

Other conditions Vascular hypertension 1941
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Fox

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

14. Maiden name Crader

15. Birthplace Bahlinger Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Nations

(b) Address Oren Mo

17. (a) Burial (b) Date thereof 11-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crader-Bahlinger Co Mo

18. (a) Signature of funeral director B. Lindhoff-Wobber

(b) Address Chaffin Mo

19. (a) 11/6/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature [Signature] (M. D. or other) U

Address Oren Mo Date signed 11/17/41

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

0
4
0

RECEIVED

District Health Office No. 2,

District File Number 1341-41642

Date Filed 12/8/41

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.....

Mamie Buepling Hoff

Licensed Embalmer No. 3242

P. O. Address *Chippewa 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.