

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41354

FILED JAN 20 1942

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town COLUMBIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)  
In this community h

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 Garth av  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME MYRTLE M. NEVINS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife SAMUEL W. NEVINS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased OCT 11 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business " "

MOTHER FATHER { 12. Name George Dennis  
13. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Jeniah Nevins  
15. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H R Nichols  
(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Dec 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem

18. (a) Signature of funeral director R. D. ...  
(b) Address Columbia Mo

19. (a) 12/4/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd  
year 1941 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Sept 27 1941 to Dec 2 1941  
that I last saw her alive on Dec 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis  
Due to Violent rupture of coronary artery  
Due to arterio-sclerotic degeneration of coronary arteries  
Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations 9 H W  
Of autopsy \_\_\_\_\_  
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 91  
23. Signature R. P. ... (M.D. or other) UO  
Address Columbia Mo Date signed 12/3/41

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

10  
2  
4

74

**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, ~~by~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Lyman H. 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.**