S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 8 1925

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. 3949

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada - Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years 4 months 8 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Missouri (b) County Laurence

(c) City or town Aurora 0
(If outside city or town limits write "RURAL")

(d) Street No. unknown 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? U. S. A. years.

3. (a) PRINT FULL NAME FRANCIS-BELL-McNATT

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased unknown (Month) unknown (Day) (Year)

8. AGE: Years about 80 | Months unknown | Days unknown | If less than one day — hr. — min.

9. Birthplace Laurence County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name William McNatt
13. Birthplace unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name (1st name unknown Last Hilton
15. Birthplace Laurence County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records State Hosp No 3
(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Hospital Cemetery

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.

19. (a) 1-16-42 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1942 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct, 1939, to Jan 13, 1942
that I last saw her alive on Jan 13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic	
Due to Heart Disease	
Due to	
Other conditions Dimentia praecox. (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy 93d

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) No
(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 Paul L. Barone (M. D. or other) M. D.
Address State Hospital No 3 Date signed Jan 13 1942

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo.

RECEIVED
District Health Officer No. 7
District File Number 2-42-125
Date Filed 2-13-42

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, above space should be left blank.