

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

Registration District No. 68

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5103

State File No. 5833

Registrar's No. 6

1. PLACE OF DEATH

(a) County Ballinger
(b) City or town Marion
(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
years, months or days

3. (a) PRINT FULL NAME NELLIE DAVIS

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Dec. 23 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 18 Days 18 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business

12. Name Wesley Eugene
13. Birthplace Pa. (City, town, or county) (State or foreign country)
14. Maiden name Lois Congo
15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Rev. James Miller
(b) Address Arkville, Mo.

17. (a) Plainsville (b) Date thereof Jan 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director CALDWELL B. W.
(b) Address Flat R. R. Mo.

19. (a) Feb 4, 1942 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ballinger
(c) City or town Patton
(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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1942 hour midnight M.

21. I hereby certify that I attended the deceased from Dec 30 1941 to Jan 11 1942
that I last saw him alive on Dec 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Wm. B. Borron (M. D. or other)
Address Patton, Mo. Date signed 1/12/42

RECEIVED

District Health Officer No. 4

District File Number 342-324

Date Filed 3-12-42

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.