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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18722

Registration District No. 644 Primary Registration District No. 677-4403 Registrar's No. 4403

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla Rivers
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81 2 2
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Spilman Ave 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nora Lee Matthews
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race wh
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife James L.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 2, 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Maries Co Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name John Taylor
13. Birthplace Colo 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Belle Tann
15. Birthplace Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant John Matthews
(b) Address Rolla Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Nuel Bon
18. (a) Signature of funeral director Rolla Mo
(b) Address Rolla Mo
19. (a) May 5, 1942 (Date received local registrar) (b) J. Ellis Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1942 hour 1 minute a M.
21. I hereby certify that I attended the deceased from January 15, 1942, to May 4, 1942, that I last saw her alive on May 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	1 yr
Due to Carcinoma of uterus	10 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) 48	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature James B. Jones (M. D. or other) M.D.
Address Nuel Bldg., Rolla, Mo. Date signed 5-5-42

1042 (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.....

Licensed Embalmer No. 3394

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, fact should be so stated above.