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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19845

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5740

1. PLACE OF DEATH:
(a) County: St, Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4150 Connecticut /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 2mo

2. USUAL RESIDENCE OF DECEASED: 000
(a) State: Missouri (b) County: 12/6
(c) City or town: 4150 Connecticut (If outside city or town limits, write "RURAL")
(d) Street No.: St, Louis, Mo (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Nancy Jane Morrison
3. (b) If veteran, name war: No
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, divorced: Widow
6. (b) Name of husband or wife: no
6. (c) Age of husband or wife if alive: no years
7. Birth date of deceased: July (Month) 18 (Day) 1865 (Year)
8. AGE: Years 76 Months 11 Days 15 If less than one day hr. min.
9. Birthplace: Hornett Co (City, town, or county) N. Carolina (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John S. Cameron
13. Birthplace: N/Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emaline Matheson
15. Birthplace: N. Carolina / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Jannett Humphery
(b) Address: 4150 Connecticut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Manchester N.Carolina
18. (a) Signature of funeral director: E. Carl White
(b) Address: 4259 Lindell
19. (a) JUL 6 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1942 hour 9:45 minute a. M.
21. I hereby certify that I attended the deceased from 6-25-42 ~~to 7-3~~ 1942 to July 3 1942 that I last saw her alive on 7-3-42 1942: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Lobar Pneumonia Bilateral	
Due to: Bed confinement for practically at present.	
Due to:	
Other conditions: Arterio-sclerosis (Include pregnancy within 3 months of death)	

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): Fractured hip at home
(b) Date of occurrence: 6/25/42
(c) Where did injury occur? at home (City or town) 000 (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home. (Specify type of place)
While at work? (e) Means of injury: Fall
23. Signature: A. F. Clay (M. D. or other) M. D.
Address: 3150 Morganford Date signed 7/5/42

(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. Arnold W. Schgene

Licensed Embalmer No. 3864

P. O. Address St. Louis

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.