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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1942

Registration District No. 336

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28335

Primary Registration District No. 6125

Registrar's No.

1. PLACE OF DEATH:
(a) County SHANNON
(b) City or town RURAL- CASTO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 MILES NORTH SUMMERSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 101
(a) State MO (b) County SHANNON 0
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 7 MI. NORTH SUMMERSVILLE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NETTIE ISABELL CROSS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife CHARLIE CROSS

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased AUGUST 11 1942
9 (Month) 9 (Day) 1902 (Year)

8. AGE: Years 39 Months 11 Days 17 If less than one day hr. min.

9. Birthplace SHANNON (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN HELTON
13. Birthplace REYNALDS (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name DORA EDGMOND
15. Birthplace MILLER (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant CHARLIE CROSS
(b) Address HARTSHORN, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 18 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SUMMERSVILLE, MO

18. (a) Signature of funeral director
(b) Address

19. (a) 8-28-42 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 17
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from JUNE 5, 1942 to August 10, 1942
that I last saw her alive on August 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death PELLAGRA CAUSING STARVATION AND ASCITES

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature DR. LAVERE HAMPTON (M. D. or other) D.O
Address SUMMERSVILLE, MO Date signed Aug 18

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 942843
Date Filed 9-14-42

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 NOT EMBALMED, 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, fact should be so stated above.