No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29970

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 258

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6yr - 4m 16d (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard 14 1 2
(c) City or town Bell City
(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.? 0 years.

3. (a) PRINT FULL NAME Samantha Nations
3. (b) If veteran, name war DK.
3. (c) Social Security No. DK.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sep (Month) 16 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	26	hr. min.

9. Birthplace Jackson (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name DK
13. Birthplace DK (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name DK
15. Birthplace DK (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 17 (Day) 42 (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. O. Roberts
(b) Address Columbia Mo
19. (a) 8-17-42 (Date received local registrar) (b) Josie Mossenkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1942 hour 6 + 15 minute a M.
21. I hereby certify that I attended the deceased from 8/4/, 1942, to 8/12/, 1942
that I last saw her alive on 8/11/, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Bronchial Pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 George W. Kuist (M. D. or other) M.D.
Address Fulton Mo Date signed 8/12/42

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(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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.