

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33357

State File No.

Registrar's No. 333

Registration District No. 47

Primary Registration District No. 5164

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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 Rural Rt. # 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Five Mile North of Fulton.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton Rural Rt. # 2
(If outside city or town limits, write "RURAL")

(d) Street No. Five Mile North of Fulton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME NORA FRANCES BOOKS

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife H. E. Books 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Aug. 23 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>1</u>	<u>22</u>	hr. min.

9. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Madison Pugh

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Willie Hardin

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H. E. Books

(b) Address Fulton, Mo Rt. 2

17. (a) Burial (b) Date thereof 10-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Church Cem.

18. (a) Signature of funeral director Ed G. Mallard

(b) Address Fulton, Missouri.

19. (a) 10-16-42 (b) Joan Morsinkhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th.
year 1942. hour 4. minute 30. P.A.M.

21. I hereby certify that I attended the deceased from 4/13/42.
19... to Present. 19...
that I last saw her alive on 9/22/42. 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, origin breast
lft. Metastasis, left body, and chest
including spine, ribs, head, brain.
XXX X-Ray confirmation.

Due to 50

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation.

Of autopsy No 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?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature Edna D. McCallister
Address Fulton Mo. Date signed 10/16/42

V147 (Licensed Embalmer's Statement on Reverse Side)

10/16/42.

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. 4168

P. O. Address Fulton, Mo.

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.