

FILED NOV 11 1942
360

Primary Registration District No. 6225

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Nevada
(b) City or town Nevada within
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 2 (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 3 years 3 months 20 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits write "RURAL")
(d) Street No. 229 Fuller Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from
Oct 30th, 1939, to Oct 14, 1942
that I last saw her alive on Oct 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia

Due to _____
Due to _____

Other conditions: Dementia Praecox
(Include pregnancy within 3 months of death) Paranoid type

Major findings:
Of operations: none
Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.
(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) (e) Means of injury _____

23. Signature Paul L. Barone (M. D. or other)
Address State Hospital No 3 Date signed Oct 14

8. (a) PRINT FULL NAME CHRISTINE-VAN-POOL

8. (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 single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive not years

7. Birth date of deceased July 2 1906
(Month) (Day) (Year)

8. AGE: Years 36 Months 3 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation stenographer

11. Industry or business none

12. Name John Van Pool

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

14. Maiden name Mary Elizabeth Scott

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

16. (a) Informant Records State Hof No 3

(b) Address Nevada Mo.

17. (a) REMOVAL (b) Date thereof 10 16 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARSHFIELD MO

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Oct 14 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

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

108
2

108
2

Mr. T. L. Beckenridge
Burdette Althoff Co
Newark, Mo

RECEIVED

District Health Officer No. 7;

District File Number 11-42-1243

Date Filed 11-10-42

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 Allyn Debenage

Licensed Embalmer No. 4333

P. O. Address Libanon 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, above space should be left blank.