

S. No. 2
1-9-41
7-5-17-39
X29484

FILED DEC 12 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37694

State File No.

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 175

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Marionville
(c) Name of hospital or institution: St Francis Hospital
(d) Length of stay: In hospital or institution 24 Hours
In this community 71-8-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lentz
(c) City or town Stanberry Mo.
(d) Street No. High Street
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Nettie Filbert

MEDICAL CERTIFICATION

3. (b) If veteran, name war 3. (c) Social Security No.

20. DATE OF DEATH: Month 19 day November year 1942 hour 330 minute P. M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.H. Filbert 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 3 (Month) 13 (Day) 1871 (Year)

21. I hereby certify that I attended the deceased from Nov 18, 1942, to Nov 19, 1942 that I last saw her alive on Nov 19, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 6 If less than one day hr. min.

Immediate cause of death Myocarditis
decompensated with
extend & acute in abdomen
Due to Hyperthyroidism

9. Birthplace Lentz County Missouri

Other conditions (Include pregnancy within 3 months of death) 93e

10. Usual occupation Housewife

11. Industry or business

12. Name Lintan Redbery

13. Birthplace Indiana

14. Maiden name Catherine Steuson

15. Birthplace Maryland

16. (a) Informant J.H. Filbert

17. (a) Removed to Stanberry (b) Date thereof 11-22-1942

18. (a) Signature of funeral director J.P. Johnson

19. (a) 11-22-42 (b) Mary Cole

Major findings: Of operations _____ Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J.M. Boylen (M.D. or Registrar) Address Marionville Date signed 11-23-42

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

74
2

1243

(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.....

Clem M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Maryville, 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.