

S. No. 2
M-9441
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38250

State File No. _____
Registrar's No. 15

Registration District No. 328 Primary Registration District No. 3073

1. PLACE OF DEATH:
(a) County SCOTT
(b) City or town CHAFFEE MO
(c) Name of hospital or institution:
205 BLACK AVE.
(d) Length of stay: In hospital or institution 8 YEARS
In this community 8 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County SCOTT
(c) City or town CHAFFEE
(d) Street No. 205 BLACK AVE
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME NORA CATHERINE HOOD
(b) If veteran, name war NO
(c) Social Security No. 1

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 3
year 1942 hour 7 minute 0 P.M.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased NOV 9 1888

21. I hereby certify that I attended the deceased from Aug. 9 to Nov. 3, 1942
that I last saw her alive on Nov. 3, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 11 Days 24
If less than one day hr. min.

Immediate cause of death
Carcinoma of Pancreas ?

9. Birthplace TUNEL HILL ILL. 1
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) H6g

10. Usual occupation HOUSE WIFE

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name WINFIELD W. GRACE
13. Birthplace DONT. KNOW 9
14. Maiden name LINA JANE FOWLER
15. Birthplace KY. 1

16. (a) Informant James L Hood
(b) Address 205 Black and Chaffee and
17. (a) BURIAL (b) Date thereof NOV 5 1942
(c) Place: burial or cremation UNION PARK CEMETARY

Major findings:
Of operations _____
Of autopsy _____

18. (a) Signature of funeral director Mrs. A. H. Davis
(b) Address Cape Girardeau MO
19. (a) Nov. 5 1942 (b) Mrs. A. H. Davis
(Date received local registrar) (Registrar's signature)

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? _____
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
23. Signature _____ (a) Means of injury _____ (b) (M.D. or Other) MD
Address Chaffee Date signed 11-7-42

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

100
1

RECEIVED

District Health Office No. 2,

District File Number 1142-1471

Date Filed 11-24-42

DEC 1 1942

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. 3810

P. O. Address Cape Girardeau, 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.