

S. No. 2  
M-5-42  
5-17-39  
X32873

38388

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 14 1942

Registration District No. ....

Primary Registration District No. 6348

Registrar's No. 46

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

1. PLACE OF DEATH:  
 (a) County: Webster  
 (b) City or town: Niangua-township - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 30 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Webster  
 (c) City or town: Rural  
 (If outside city or town limits, write "RURAL.")  
 (d) Street No.: Niangua township  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: x

3. (a) PRINT FULL NAME: Nancy Jane Pitchford  
 3. (b) If veteran, name war: x  
 3. (c) Social Security No.: x

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month: November day: 15  
 year: 1942 hour: 11 minute: A.M.

4. Sex: Female 5. Color or race: White  
 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife: John Pitchford  
 6. (c) Age of husband or wife if alive: 67 years  
 7. Birth date of deceased: October 26-1889  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 - Nov 11 - 1942  
 that I last saw her alive on Nov 11 - 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years: 53 Months: no Days: 19  
 If less than one day: x hr. x min.

Immediate cause of death: Acute Oosterbital nephritis  
 Duration: /

9. Birthplace: St. Joseph, Missouri  
 (City, town, or county) (State or foreign country)

Due to: \_\_\_\_\_  
 Due to: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

11. Industry or business: Home  
 12. Name: Nathan Bozarth  
 13. Birthplace: Iowa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Sarah Lippencott  
 15. Birthplace: Iowa  
 (City, town, or county) (State or foreign country)

Major findings: Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 PHYSICIAN: \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Ray Pitchford  
 (b) Address: Niangua, Missouri  
 17. (a) Burial (b) Date thereof: Nov-17-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Prospect

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)  
 (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director: \_\_\_\_\_  
 (b) Address: Marshfield, Mo  
 19. (a) 11/30/42 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

23. Signature: W F Schuchert (M. D. or other)  
 Address: \_\_\_\_\_ Date signed: 11/27/42

FILED

District Health Officer No. 5,

District File Number 1242-1735

Date Filed DEC 11 1942

M. 2.  
-M  
1A

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 Alex Farney  
Licensed Embalmer No. 3312  
P. O. Address Marshfield, 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.)

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38388  
Registrar's No. 46

Registration District No. 373 Primary Registration District No. 6368

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hancy Jane Pitchford

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 26 (Month) (Day) (Year)

8. AGE: Years 53 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1942 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I first saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death acute interstitial nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to Chronic interstitial nephritis

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 131a

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) (e) Means of injury \_\_\_\_\_

23. Signature W. B. Schmitt (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 11/14/42

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

SUPPLEMENTARY

