S. No. 2
I—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5917

State File No.

Primary Registration District No. 5139

Registrar's No. 54

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Coon Island Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 mi. E. of Neelyville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether) In this community 55 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 5 miles E. of Neelyville (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Nellie May Enguest

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Charley

6. (c) Age of husband or wife if alive: 7 years

7. Birth date of deceased: Aug (Month) 7 (Day) 1869 (Year)

8. AGE: Years 73 Months 6 Days 11 If less than one day hr. min.

9. Birthplace: Wabash Co. (City, town, or county) Ill (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: —

MOTHER FATHER

12. Name: John Ingram

13. Birthplace: Unk. (City, town, or county) Ill. (State or foreign country)

14. Maiden name: Hanna Pullman

15. Birthplace: Unk. (City, town, or county) Ill (State or foreign country)

16. (a) Informant: Oscar Enguest

(b) Address: Neelyville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Wa Van Cemy.

18. (a) Signature of funeral director: Minnie Fish

(b) Address: Naylor Mo

19. (a) 2-20-43 (Date received local registrar) (b) Billie Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 22, 1942, to Jan 30, 1943, that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of pancreas & liver

Due to: —

Due to: —

Other conditions (Include pregnancy within 3 months of death): none

Major findings: Of operations: cancer of liver & pancreas

Of autopsy: none

Duration

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: J. M. Henderson (M. D. or other) M.D.

Address: Poplar Bluff, Mo Date signed 2-20-1943

72 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-[illegible] 2
Date Filed 2-3-43

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 B. C. McCord

Licensed Embalmer No. 4079

P. O. Address .....

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.