

S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3835
State File No. _____
Registrar's No. 20

FILED DEC 7 1943

Registration District No. 144

Primary Registration District No. 5562

47
0
0

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Rural - Arcadia
(c) Name of hospital or institution: The Home for Aged Baptists
(d) Length of stay: In hospital or institution 2 mo - 9 days
In this community 2 months - 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Iron
(c) City or town Rural
(d) Street No. The Home for Aged Baptists
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Mrs. Nancy Jane Hite
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 11
year 1943 hour 6 minute 45 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married Divorced Widowed
6. (b) Name of husband or wife Geo. Thomas Hite
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Sept. 22, 1860

21. I hereby certify that I attended the deceased from Nov. 9th 1943 to Nov. 11th 1943
that I last saw her alive on Nov. 11th 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 1 Days 20
— If less than one day — hr. min.

Immediate cause of death acute Bilateral Bronchial Pneumonia
Due to _____

9. Birthplace Wilson Co. Tennessee
(City, town, or county) (State or foreign country)

Due to acute naso-pharyngitis
Other conditions 2 hypertensive heart disease
(Include pregnancy within 6 months of death)

10. Usual occupation House Wife
11. Industry or business Her Home

Major findings: —
Of operations —
Of autopsy — 93d

MOTHER FATHER { 12. Name James Edwards
13. Birthplace Wilson Co. Tennessee
14. Maiden name Elizabeth Young
15. Birthplace Water town Tennessee

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?

16. (a) Informant John H. Burney
(b) Address Dranton, Mo
17. (a) Burial (b) Date thereof 11 12 43
(c) Place: burial or cremation Arcadia Mo

While at work? _____ (Specify type of place)
(e) Means of injury Smell
23. Signature R. E. Harland (M. D. or other)
Address Dranton, Mo Date signed 11/30/43

18. (a) Signature of funeral director Norman White
(b) Address Dranton Mo
19. (a) Nov 1 - 43 (b) Mo. C. E. Hall
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 4

District File Number 1243-2962

Date Filed 12-6-43

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.....

Was not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed Randy White

Licensed Embalmer No. 3012

P. O. Address Winton N.J.

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.