

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44984

FILED JAN 6 1943
Registration District No. 560

Primary Registration District No. 3076

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(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)

3. (a) PRINT FULL NAME Grace Jango

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Ernest Jango 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 8th, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 16 _____ hr. _____ min.

9. Birthplace Nevada MO
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

12. Name Robert E. Volz

13. Birthplace Cincinnati, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Elliott

(b) Address Van Coven, Washington

17. (a) Burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Mark E. Eitzen

(b) Address Nevada, Mo.

19. (a) 12-28-43 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 803 W. Hunter St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1943 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 2
~~1943~~ 1943 to Dec 24 1943
that I last saw her alive on Dec 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 28 Min

Due to Possible Hip fracture reduced 22 days before

Other conditions (Includes pregnancy within 3 months of death) Hip fracture 22 days ago

Major findings: Of conditions None PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Of autopsy None

22. If death was due to external causes, fill in the following: V108

(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 Wm. H. Allen MD (M.D. or other) _____
Address Nevada, Mo. Date signed 12/27/43

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

MOTHER FATHER

1881

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number... 12-43-1429

Date Filed... 1-5-44

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

Marsh Cechinger

Licensed Embalmer No. 26576

P. O. Address

Nevada 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Nevada City Hosp.
(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)

3. (a) PRINT FULL NAME Grace Gango
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 | 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: May 8 (Month) - 8 (Day) (Year)

8. AGE: Years 22 | Months _____ | Days _____ | If less than one day _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

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)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 2 Year 1943 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolus

Due to: Possibly from hip fracture reduced

Due to: _____

Other conditions: hip fractured

(Include pregnancy within 3 months of death)

Major findings: 1860

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence DEC 2 1943

(c) Where did injury occur? (HOME) NEVADA, VERNON, MO

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

While at work? NO (Specify type of place) (e) Means of injury FALL
23. Signature Wm. Kallen M.D. Address Nevada Mo Date signed 1-15-44

SUPPLEMENTARY

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

Duration
28 min
22 days
22 hr
PHYSICIAN
Underline the cause to which death should be charged statistically.

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