

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 111

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

1. PLACE OF DEATH:

(a) County Sermon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At home
(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 Missouri (b) County Sermon

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

(d) Street No. 730 E. Allison
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cornie Belle Howard

3. (b) If veteran, name war

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July, 1943, to Sept 7th, 1944.
that I last saw him alive on 9-7-44, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: Oct 17 1865
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Cerebral hemorrhage short

8. AGE: Years Months Days If less than one day

78 10 21 hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Waste keeper

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Barney Cruse

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clark

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

16. (a) Informant N. H. Cruse

(b) Address Adrian, Mo.

17. (a) Burial (b) Date thereof Sept 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

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? _____

18. (a) Signature of funeral director Edw. H. Stays

(b) Address Nevada, Mo.

19. (a) 9-19-44 (b) Foazel B. Dewrek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. Braxton Pais (M. D. or other) _____
Address Nevada, Mo. Date signed 9-9-44

License Number 9-44-1156
Date Filed 10-11-44

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 Allen V. Hayes
Licensed Embalmer No. 1968
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.