

Registration District No. **360**

Primary Registration District No. **3076**

Registrar's No. **135**

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:
(If not in hospital or institution, write street number or locality)
(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 Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 828 Northwest St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANIE COX

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased May 6 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John W Dones
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Hannah E. Uhler
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Elmer D Dones

(b) Address 828 Northwest St Nevada Mo
17. (a) Burial (b) Date thereof Nov 26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Mo

18. (a) Signature of funeral director Luvinia Siders

(b) Address El Dorado Springs, Mo

19. (a) 11-25-44 (b) Floyd B. Beuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1944 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from Sept 27 1944 to Nov 24 1944, that I last saw her alive on Nov 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, uterine
Duration ?
Due to with generalized pelvic + abdominal metastasis 8 mo
Duration ?

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death) ?

Major findings: Of operations none H&E
Of autopsy NONE
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 Wm D Allen, M.D.
Address NEVADA MO Date signed 11/25/44

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

68, 2

135

RECORDED
District Health Officer No. 7,
Visitator Number 11-44-1341
Date Filed 12-5-44

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 W D Loran

Licensed Embalmer No. 2034

P. O. Address Edwards Ave. M

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.