No. 2
9-4-41
17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24535

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural, Benton, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Goodman-MO, R, F, D, # 1
(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 McDonald 60
(c) City or town Cyclone MO, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. C
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Cary
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 Married
6. (b) Name of husband or wife John Cary
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased April (Month) 11, (Day) 1861 (Year)

8. AGE: Years 84 Months 2 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

MOTHER FATHER
12. Name John Rosenbaum
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Martha Blevens
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Lurlen Hines
(b) Address Cyclone MO,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1945 (Day) (Year)
(c) Place: burial or cremation ###### Shannon Springs Cemetry
18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman MO,
19. (a) 7-3-1945 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1945 hour 8 minute 15, A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 6-24-45
(c) Where did injury occur? NEWTON COUNTY (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, public place? FARM HEART FAILURE (Specify type of place)
While at work (e) Means of injury
23. Signature James G. Farrell, M.D. (M.D. or other) 6/29/45
Address Aurora, Mo. Date signed

1110

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED JUL 26 1945
[illegible] Health Officer No.
District File Number 645-194
Date Filed JUL 26 1945

Signed J. H. Moffat

Licensed Embalmer No. 2796

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
1 X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 449

Registration District No. 245 Primary Registration District No. 5837 Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Rural Benton Twp
(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 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 (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

3. (a) PRINT FULL NAME Nancy Carey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F | 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 April 11 1861
(Month) (Day) (Year)

8. AGE: Years 84 | Months 2 | Days 5 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day
year 1945 hour minute M.

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

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature James G Farrell Coroner (M. D. or other)

Address Date signed

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

S-24935