

FILED MAY 9 1946

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 132

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(c) Name of hospital or institution: Missouri State Hospital No. 4
(d) Length of stay: In hospital or institution 2 yrs. 8 mos. 15
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Perryville
(d) Street No. 434 North Pine
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME NEVA GRACE WRAY SANDERS

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

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

6. (b) Name of husband or wife Oscar Sanders 6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased September 7, 1899
(Month) (Day) (Year)

8. AGE: Years 46 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William E. Wray
13. Birthplace Ozark Missouri
14. Maiden name Maude Chrisman
15. Birthplace Ozark Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark, Missouri

18. (a) Signature of funeral director Berl Miller
(b) Address Farmington, Missouri

19. (a) 4-15-46 (b) Cether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 25, 1943, 19 to April 10, 1946, 19; that I last saw him or her alive on April 10, 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma attached by pedicle to body of uterus causing intestinal obstruction Duration 10 days

Due to _____

Due to Menstrual ill - 4 1/2 10 yrs

Other conditions Dementia Praecox (Include pregnancy within 3 months of death)

Major findings: Uterus fruit sized Carcinoma attached to body of uterus causing intestinal obstruction Underline the cause to which death should be charged statistically. No autopsy.

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? _____

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

23. Signature James L. Doctor (M. D. or other) _____
Address Farmington - Mo Date signed 4/10/46

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

RECEIVED
7/10/46

RECEIVED

District Health Officer No. 4
District File Number 546-2113
Date Filed 5-8-46

JUL 6 1946

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.