

No. 2
-5-43
5-17-39
I X365

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17331

Registration District No. 204200 Primary Registration District No. 5763-5725 Registrar's No. 22

1. PLACE OF DEATH:
(a) County Macon County
(b) City or town Hudson
(c) Name of hospital or institution Stell-Hildreth Osteopathic Sanatorium
(d) Length of stay: In hospital or institution 6 days
In this community years, months or days

3. (a) PRINT FULL NAME MARIE CLAGGETT BALL
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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 69 2 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 21
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name George Henry Nelson
13. Birthplace Kentucky
14. Maiden name Margaret Claggett
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Deane N. Ball
(b) Address 602 1/2 - 39th St. Rock Island, Ill.

17. (a) Philadelphia, Pa. (b) Date thereof 5-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Pa.

18. (a) Signature of funeral director Ben M. Allen
(b) Address Philadelphia, Missouri

19. (a) 5-25-46 (b) Laurie Boone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural
(d) Street No. 3 mi. N. W. Philadelphia
(e) Citizen of foreign country? No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23
year 1946 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from May 15
1946 to May 23 1946.
that I last saw her alive on May 23 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Massive gastric hemorrhage
Due to Cancer of stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of 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)
(e) Means of injury
23. Signature Frank J. Gasparich
Address Macon Missouri Date signed 5/23/46

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.....

B M Allen

Licensed Embalmer No.....

2437

P. O. Address.....

Philadelphia, Missor

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.