

S. No. 2
M-8-43
7-5-1939
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19896
Registrar's No. 39

Registration District No. 101 Primary Registration District No. 3393

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava, Rural
(c) Name of hospital or institution: Ava, Mo. Route # 3
(d) Length of stay: In hospital or institution 5 years
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Rural
(d) Street No. Ava, Mo. Route 3
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Fannie Frances Nelson
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3 year 1946 hour 7 30 minute P. M.
21. I hereby certify that I attended the deceased from 2 19 to 3 1946
that I last saw him alive on 3 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 5 1854 (Month) (Day) (Year)

Immediate cause of death Died without medical aid apparently from old age and heart trouble. Duration

8. AGE: Years 92 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Whitley Staffer

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

14. Maiden name Maria Roberts

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

16. (a) Informant Amanda Nelson

(b) Address Ava, Mo. Route 3

17. (a) Burial (b) Date thereof June 5 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta cemetery

18. (a) Signature of funeral director Maurice Chaffin

(b) Address Ozark, Missouri

19. (a) June 5 - 46 (b) Dental Burman (Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature C.V. Clinkingbeard (M.D. or other) Address Ava, Mo. Date signed 6-11-46

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

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9
10770

RECEIVED

District Health Officer No. 6;

District File Number 646-649

Date Filed JUN 10 1946

NOV 1 1945

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 Maurice Chaffin

Licensed Embalmer No. 4118

P. O. Address Box #253 Ozark, 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.