

FILED NOV 13 1946

Bryan, Benton

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35819

State File No. _____

Registrar's No. 16

Registration District No. 332

Primary Registration District No. -6774-4488

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

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Morley
(c) Name of hospital or institution: _____
(If not in hospital or institution, _____ of number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME Elnora Nolan

3. (b) If veteran, name war X 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Henry Nolan 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 1 (Month) 23 (Day) 1910 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>8</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farm Labor

12. Name John Fitzpatrick

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

14. Maiden name Martha Hayes

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

16. (a) Informant Henry Nolan

(b) Address Morley, Mo.

17. (a) Burial (b) Date thereof 9/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) Oct-20-46 (b) A. Bryant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Morley 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 1946 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from May 15, 1946, to Sept 27, 1946;
that I last saw her alive on Sept. 18, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to _____

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? _____ (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 2

23. Signature M. P. Bryan (M. D. or other) DO

Address Benton Mo. Date signed 10-2-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

480

4
RECEIVED

District Health Office No. 2

District File Number 1146-130

Date Filed 11-7-46

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.....

John A. [Signature]

Licensed Embalmer No.

2941

P. O. Address.....

St. Ignace, 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.