V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35957

State File No.

Registration District No. 379 Primary Registration District No. 4553 Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mansfield (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 75 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mansfield (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura N. Young

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 Oct (Month) 9 (Day) 1860 (Year)

8. AGE: Years 86 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Churchill
13. Birthplace Not Known (City, town, or county) Ohio (State or foreign country)

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

16. (a) Informant Green Bell

(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hartville Cemetery

18. (a) Signature of funeral director F. A. Steffe

(b) Address Mansfield Mo

19. (a) 10/30/46 (Date received local registrar) (b) Isaac D. Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1946 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 1st 1946, to Oct 27 1946 that I last saw her alive on Oct 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Uterus Vagina & Rectum	6 mo
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48B	
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 W. A. Lammerman (M. D. or other) DO

Address Mansfield Mo Date signed 10/27/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1146-1131
Date Filed NOV 12 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 F.A. Steffe

Licensed Embalmer No. 3221

P. O. Address .....

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.