

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 27 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**38100**

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 4461

Registrar's No. 363

**1. PLACE OF DEATH:**

(a) County St. Francois

(b) City or town Bismarck, Mo.  
(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 years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Francois

(c) City or town Bismarck, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Monroe Nell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-10323F

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov, day 18<sup>th</sup>, year 1946 hour 6 minute a.m.

21. I hereby certify that I attended the deceased from Oct 20 1946 to Nov. 18 1946  
that I last saw him alive on Nov. 17 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lori Nell

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 19 1901  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Hogans, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Worked Ozark Flaming Co.

11. Industry or business Making flammings

12. Name Mr. & W. Nell

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

14. Maiden name Elizabeth Wilson (State or foreign country)

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

Major findings: 13 B

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lori Nell (Wife)

(b) Address Bismarck, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Missions Cemetery, Bismarck

18. (a) Signature of funeral director Alvin W. Hill

(b) Address 303 Crane St. Flat 2, Bismarck, Mo.

19. (a) 11-20-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

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 D. H. Gal (M. D. or other) \_\_\_\_\_  
Address Bismarck, Mo. Date signed 11/19/46

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

MOTHER, FATHER

289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 1146-2909  
Date Filed 11-26-46

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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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St Flat 101, M

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.