No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39410

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 146

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1012 E. Allison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

(d) Street No. 1012 E. Allison Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Katie Irene Straw

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

4. Sex F 1 5. Color or race W 6. (a) [redacted], ~~widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Edward C Straw 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 2 (Day) 1884 (Year)

8. AGE: Years 62 Months 5 Days 26 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Charles Parton
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Everett W Straw
(b) Address 1028 E. Allison Nevada Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 1 (Day) 1946 (Year)
(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada Missouri

19. (a) 12-3-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 16 May, 1946, to 28 Nov, 1946, that I last saw her alive on 28 Nov 46, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration ? Symptoms 8 months

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) No

(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 Roy W Frame (M. D. or other) MD

Address Nevada Mo Date signed 2 Dec 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District [illegible] 11-46-30 91
Date Filed 12-11-46

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No.....

P. O. Address 1760 Nevada 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.