

5. No. 2
1-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 177

FILED JAN 28 1947
Registration District No. 29

Primary Registration District No. 4044

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NANCY LEE KENT

(b) If veteran, name war L

(c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21
year 47 hour 1:35 minute 19 A. M.

21. I hereby certify that I attended the deceased from 0800 7:30 PM
8 Jan 47 1947 to 21 Jan 47 1947
that I last saw her alive on 10:PM 1/20/47
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced L D

(b) Name of husband or wife _____ (c) Age of husband or wife if alive 8 years (Day) (Year)

7. Birth date of deceased: Jan 8 - 1947
(Month) (Day) (Year)

Immediate cause of death Congenital Heart Disease Duration 1 1/2

8. AGE: Years 0 Months 0 Days 13
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Jackie Kent

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

14. Maiden name Mary Johnson

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

15 7E

16. (a) Informant Mrs. Mary Johnson

(b) Address Sturgeon Mo.

17. (a) Burial (b) Date thereof Jan 22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Peche Cem.

18. (a) Signature of funeral director Barnes & Brotha

(b) Address Sturgeon Mo.

19. (a) 1-22-47 (b) Thelma Esteppe
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury 2

23. Signature A. L. ... (M. D. or other) _____
Address Sturgeon Mo. Date signed 2/2/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 27 1947

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..... *W. E. Boothe*.....
Licensed Embalmer No. *4087*
P. O. Address..... *Sturgeon, 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.