

S. No. 2  
M-5-43  
5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5865

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED FEB 20 1947  
Registration District No. 181

Primary Registration District No. 5676

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

1. PLACE OF DEATH:  
(a) County LINCOLN  
(b) City or town RURAL MILLWOOD  
(c) Name of hospital or institution: 4 MI. WEST OF SILEX  
(d) Length of stay: In hospital or institution ONE YEAR  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County LINCOLN 57  
(c) City or town RURAL  
(d) Street No. 4 MI. WEST OF SILEX, MO.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME NORA LONNELL  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 13 year 1947 hour 11 minute 20 P. M.  
21. I hereby certify that I attended the deceased from November 19, 1946, to January 13, 1947, that I last saw her alive on January 13, 1947, and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JAN 10 1884 (Month) (Day) (Year)

Immediate cause of death Carcinoma Cecum  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 63 Months 0 Days 3 If less than one day hr. min.

9. Birthplace PORTLAND MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation PRAC NURSE

11. Industry or business \_\_\_\_\_

12. Name CHRISTOPHER LONNELL  
13. Birthplace IRELAND (City, town, or county) (State or foreign country)

14. Maiden name SARA PIEBOTT  
15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Bibb  
(b) Address Silex, Mo.

17. (a) BURIAL (b) Date thereof 1-15-47 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. E. Newell  
(b) Address Bowling Green, Mo.

19. (a) Jan 15 '47 (b) Mrs. A. Dwyer (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations H6E  
Of autopsy \_\_\_\_\_  
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?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Hoeger (M. D. or other) MD  
Address \_\_\_\_\_ Date signed 1/13-47

FEB 26 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 \_\_\_\_\_

*James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address. *Bowling Green, 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.**