S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1947

Registration District No. 2973

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5916

State File No. 21820

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural, Cinque Hommes
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Perryville R.1
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Perry 79

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

(d) Street No.: Perryville, R.1
(If rural, give location)

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

3. (a) PRINT FULL NAME: Nettie Rena Preston

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

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of ~~husband or wife~~: Orva J. Preston

6. (c) Age of husband ~~or wife~~ if alive: 53 years

7. Birth date of deceased: May (Month) 12 (Day) 1894 (Year)

8. AGE: Years 53 | Months 1 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: /

MOTHER FATHER

12. Name: Casper Whylark

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

14. Maiden name: Catherine Morgan

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

16. (a) Informant: E. J. Preston

(b) Address: Perryville, Mo. R.1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-14-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Whitewater Presbyterian Cem.

18. (a) Signature of funeral director: Bey Funeral Home

(b) Address: Perryville, Mo.

19. (a) June 14-1947 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 31 May 47, 19..., to 12 June 47, 19...; that I last saw her alive on 4 June, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma to liver & lungs	6 mo.
Due to: Carcinoma of rt Breast	Typ
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 50
Of autopsy: 0

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: Jerome Bredell (M. D. or other)

Address: Perryville, Mo. Date signed: 14 June 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642-838
Date Filed 6-18-42

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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.