

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28212

State File No. _____

FILED AUG 28 1947

Registration District No. _____ Primary Registration District No. 3025 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lafayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 16th main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

3. (a) PRINT FULL NAME NANCY LEE AULL

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

4. Sex Fe 1 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm Aull Jr.
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 1 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 12 hr. min.

9. Birthplace Louisa co Va - 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry G. Goodman
13. Birthplace Va
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Lee Quiates
15. Birthplace Va
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Aull Jr

(b) Address Lafayette, Mo

17. (a) Burial (b) Date thereof 6-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette, Mo

18. (a) Signature of funeral director Harriet Phillips

(b) Address Lafayette, Mo

19. (a) 8-12-47 (b) M. L. Eastbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Lafayette
(If outside city or town limits, write "RURAL")
(d) Street No. 16th main
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 15 1946 to June 19 1947
that I last saw her alive on June 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial thrombosis Duration 8 Mo

Due to Cardiac exhaustion 1st

Due to _____

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

Major findings: Of operations g-30

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Dr. E. J. ... (M. D. or other) _____

Address July 9/47 Date signed 6/19/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-27-47

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.....

Licensed Embalmer No. 2983

P. O. Address Levinston 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.