No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33588

Primary Registration District No. 4006

Registrar's No. 203

1. PLACE OF DEATH:
(a) County: Andrew
(b) City or town: Fillmore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fillmore, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 41 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew 2
(c) City or town: Fillmore 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Fillmore, Missouri. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Nancy Bronson
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Alantson H. Bronson
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 31 (Day) 1866 (Year)

8. AGE: Years 81 Months 1 Days 1 If less than one day hr. min.

9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
12. Name (Father): Holmes Robertson
13. Birthplace (Father): Unknown (City, town, or county) Indiana (State or foreign country)
14. Maiden name (Mother): Elizabeth Cole
15. Birthplace (Mother): Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Miss Susan Robertson
(b) Address: Fillmore, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Gravel Wall Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 10-7-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2 year 1947 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Sept. 1946 to Oct 2 1947 that I last saw her alive on Oct 1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 463	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 (1)

23. Signature: M. L. Holliday M.D. (M. D. ~~or other~~)
Address: Fillmore, Mo. Date signed 10/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3950 10th St. Joseph, 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.