

No. 2
-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36870

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Bernon

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

(c) Name of hospital or institution:
At home
(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 Missouri (b) County Bernon 108

(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1200 So. Washington St. 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Ellen Josephine Thurston

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
year 1947 hour 12:40 minute A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 30 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-17- 1947 to 10-22- 1947
that I last saw h[er] alive on 10-17-47 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 2 Days 19 If less than one day hr. min.

Immediate cause of death: Cerebric

9. Birthplace Benton Co. Missouri
(City, town, or county) (State or foreign country)

Due to Under nutrition and senility

Due to _____

10. Usual occupation Homekeeper

Other conditions (include pregnancy within 3 months of death) ✓

11. Industry or business Bank Clerk

Major findings: ✓

Of operations _____

Of autopsy ✓ 6B

12. Marion Indiana

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Thomas

(b) Address 638 E. Maple Nevada Mo

17. (a) Burial (b) Date thereof Oct 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore's Cemetery

18. (a) Signature of funeral director Ellen J. Taylor

(b) Address Nevada Mo.

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) (c) Means of injury _____

23. Signature W. B. [illegible] (M. D. or other) _____

Address Nevada Mo. Date signed 10/22/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 71
District File Number
9-47-1943
Date Filed 10-27-47

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 *Allen V. Hays*
Licensed Embalmer No. *1968*
P. O. Address *Nevada, 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.