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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39112

Registration District No. 272 Primary Registration District No. 0912 Registrar's No. 124

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rt 2 Steele Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Virginia Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemiscot 78
(c) City or town Rural Rt 2 Steele Mo.
(If outside city or town limits write "RURAL")
(d) Street No. Virginia Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nancy Jane Midget
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Archie Midgett
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb (Month) 14 (Day) 1898 (Year)

8. AGE: Years 49 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Cash Craighead Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Wilson
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro Ark
18. (a) Signature of funeral director Wm J Phelps
(b) Address 241 So Church Jonesboro Ark
19. (a) 11-29-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 21 9

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8 year 47 hour 57 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 7, 1947 to Nov. 8, 1947 that I last saw her alive on 11-8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma large bowel,	
Due to	
Due to	
Other conditions Hypotension, anemia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature F. B. Farnsworth (M. D. or other) DO.
Address Braggadocio, Mo. Date signed 11-8-47

(Licensed Embalmer's Statement on Reverse Side)

12-47-324

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.....

P. O. Address.....

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, above space should be left blank.