S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40817

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 61

**1. PLACE OF DEATH:**
(a) County: Miller
(b) City or town: RURAL - FRANKLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1/2 mi So ELDON-ON-Highway 54 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 (Specify whether years, months or days)
In this community: Lifetime

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MISSOURI (b) County: MILLER
(c) City or town: RURAL - FRANKLIN (If outside city or town limits, write "RURAL")
(d) Street No.: 2 mi So ELDON - Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: ELLIS-FRANKLEN-NATIONS
3. (b) If veteran, name war: none
3. (c) Social Security No. 428-86-0466
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, ~~divorced~~, married: married
6. (b) Name of husband or wife: BEULAH-NATIONS
6. (c) Age of husband or wife if alive: 28 years
7. Birth date of deceased: Feb (Month) 8 (Day) 1913 (Year)

8. AGE: Years 35 | Months 10 | Days 7 | If less than one day: — hr. — min.

9. Birthplace: Camden-Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: LABORER-
11. Industry or business: ANY-COMMON-WORK-
FATHER
12. Name: ALLEN-NATIONS
13. Birthplace: CAMDEN-CO (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: BASHIE-WILLIAMS
15. Birthplace: ELDON- (City, town, or county) Mo (State or foreign country)
16. (a) Informant: ALLEN-NATIONS
(b) Address: ELDON - Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Dec 19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dooley-Cem
18. (a) Signature of funeral director: Keith McKee
(b) Address: ELDON Mo
19. (a) 12-18-48 (Date received local registrar) (b) Alwanetta Walters (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month: Dec day: 15th year: 1948 hour: 5 minute: 30 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Shock from Skull fracture
Due to: Hit by Automobile.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy:

Duration

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): accident
(b) Date of occurrence: 12-15-48
(c) Where did injury occur? Eldon (City or town) Miller (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway 54 1/2 mile South town (Specify type of place)
While at work? (e) Means of injury: Hit by Automobile
23. Signature: M. E. Humphreys Coroner B.O. (M. D. or other)
Address: Tuscumbia, Mo. Date signed: 12-15-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
DEC 21 1948
Date Filed

JUN 4 1949

## 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 Kitt M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.**