

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42533

State File No. \_\_\_\_\_

DEC 29 1941

Registration District No. 371

Primary Registration District No. 4335

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Monticau

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Monticau

(c) City or town California, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Kathryn Henry

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 10 Year 1941 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from Nov. 28, 1941, to Nov. 10, 1941, that I last saw her alive on Nov 28, A, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Calvin

(c) Age of husband or wife if alive 87 years (Day) (Year)

7. Birth date of deceased May 23, 1957  
(Month) (Day) (Year)

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions marked cyanosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 830

8. AGE: Years 84 Months 5 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monticau Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Abraham Jobe

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

14. Maiden name Russ's Bird

15. Birthplace Monticau Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Calvin Henry

(b) Address California, Mo

17. (a) Burial (b) Date thereof 11/12/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Springs

18. (a) Signature of funeral director William B. Giddens

(b) Address California, Mo

19. (a) 11-19-41 (b) W.C. Popejoy  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature W.C. Popejoy (M. D. or other) \_\_\_\_\_

Address California, Mo Date signed 11/13/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

504

(Licensed Embalmer's Statement on Reverse Side)

**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

*H. E. Friedman*

Licensed Embalmer No.

*2854*

P. O. Address

*California 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.**