U. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17616

Registration District No. 47 — Primary Registration District No. 3008 — Registrar's No. 168

14 1 2

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

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-6-41 to 5-16-44
(Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Montgomery 68
(c) City or town California 1
(If outside city or town limits, write "RURAL")
(d) Street No. 608 West Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Nancy Bolin
3. (b) If veteran, name war DK
3. (c) Social Security No. DK /

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife DK
6. (c) Age of husband or wife if alive DK years
7. Birth date of deceased June (Month) 6 (Day) 1866 (Year)

8. AGE: Years 77 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Montgomery Co. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Jas. T. Daughtery
13. Birthplace Maryland (City, town, or county) / (State or foreign country)
14. Maiden name Sarah J. Darby
15. Birthplace Maryland (City, town, or county) / (State or foreign country)

16. (a) Informant Records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mc Gee's Mo
18. (a) Signature of funeral director Jos Williams
(b) Address California Mo
19. (a) 5-17-44 (Date received local registrar) (b) Josie Maroney (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1944 hour minute 3:40 A.M.

21. I hereby certify that I attended the deceased from 5-15 — 1944 to 5-16 — 1944
that I last saw her alive on 5-16 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	3 yrs
Due to: Generalized arterio-sclerosis	7 yrs
Due to: Senescence	
Other conditions (Include pregnancy within 3 months of death): 938	

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

23. Signature D. B. Stokes (M. D. or other) M.D.
Address Fulton, Mo. Date signed 5/19/44

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1956

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-9-44

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 Hugh E. Hellman

Licensed Embalmer No. 35-37

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.