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Dr. Davis  
40633

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 6131

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon 101

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

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

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nancy Ellen Holden

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1947 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 1  
1947, to Oct 21, 1947  
that I last saw her alive on Oct 18, 1947  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Dave Holden

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased NOV 4 1866  
(Month) (Day) (Year)

Immediate cause of death Cancer of Breast Duration 18 mo

8. AGE: Years Months Days If less than one day

80	11	16	_____ hr. _____ min.
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Due to \_\_\_\_\_

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Sheffield Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 50

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

12. Name Bradley Stirens

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

14. Maiden name Bond

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

16. (a) Informant Dave Holden

(b) Address Teresita, MO.

17. (a) Burial (b) Date thereof Oct 22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Duncan Funeral Home

(b) Address Mountain View, Mo.

19. (a) 11-18-47 (b) Michael Poe  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature R. J. Davis (M. D. or other) \_\_\_\_\_  
Address Burch Tree Mo. Date signed 10/28/47

2011-12-20  
District File Number 1147683  
Date Filed 11-26-47

**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 Joe R. Duncan  
Licensed Embalmer No. 4325  
P. O. Address Porto Rico, 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.**