

MAR 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5724  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4  
(b) Township \_\_\_\_\_ Primary Registration District No. 3001 Registered No. 49  
(c) City Nashville (d) Street No. Don - Smith Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 263 Ft. Finis Hall Packard St. \_\_\_\_\_  
Lovonia M. P.R. # 2 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Packard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 2 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner  
9. Industry or business in which work was done, as saw mill, bank, etc. Local Mine  
10. Date deceased last worked at this occupation (month and year) 2 - 1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg Mo.

FATHER 13. NAME Adam Bruce Packard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Jane Hodge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co. Missouri

17. INFORMANT (ADDRESS) Elsie Packard  
Martinsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Pine Cem. DATE March 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dee Riley  
Nashville Mo.

20. FILED Mar 6 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 2 - 26, 1939, to 3 - 2, 1939. I last saw him alive on March 2, 1939. Death is said to have occurred on the date stated above, at 1:45 p.m. The principal cause of death and related causes of importance were as follows:

Cystic kidneys bilateral 6 mos or more Date of onset 3-2-39  
Nephrectomy of large left kidney  
3 qts of fluid removed  
Other contributory causes of importance: Postoperative shock 1939

Name of operation Nephrectomy Date of 3-2-39  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) George E. Grim, M. D.

(Address) Nashville, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-257

Date Filed MAR 8 1939

**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.