

Registration District No. 4

Primary Registration District No. 2001

Registrar's No. 117

1. PLACE OF DEATH

(a) County Adair
(b) City or town Warsawville Mo 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harwell E. Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair
(c) City or town Warsawville MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. Life time years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 10 (minute) _____ a.m.
21. I hereby certify that I attended the deceased from May 13
1940 to May 18 1940
that I last saw her alive on May 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Meningitis - Terminal to
a Chronic Nephritis
Due to Secondary to general
Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) 131

Major findings:
Of operations _____
Of autopsy none

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

3. (a) PRINT FULL NAME Lillie Nixon 2571

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Geo. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 16, 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation House Keeper

MOTHER FATHER

12. Name Benjamin Lee
13. Birthplace Levan (City, town, or county) (State or foreign country)
14. Maiden name Della Smith
15. Birthplace Shelby Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. H. Rayte
(b) Address Warsawville Mo.
17. (a) Burial (b) Date thereof May 24 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Leveling

18. (a) Signature of funeral director Summers and Flachpaugh
(b) Address Warsawville, Mo.

19. (a) May 25 40 (b) Spencer L. Freeman
(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? 3
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. H. Rayte (M. or other) 3 20
Address Warsawville Date signed 5/27/40

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-1269

Date Filed JUN 13 1940

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.