

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 54

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McHarney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 (Specify whether
In this community 30 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Nebraska County Douglas
(c) City or town Omaha
(If outside city or town limits, write "RURAL")
(d) Street No. 418 S 26 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Nona May Carson Martin
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16
year 1940 hour 3 minute 20 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
alive _____ years
7. Birth date of deceased Nov 6 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20, 1940 to June 16, 1940
that I last saw her alive on June 16, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 7 Days 10 If less than one day
hr. _____ min.

Immediate cause of death Uremia
Duration 4 da

9. Birthplace Barry Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation owner of rooming house

Due to prob. unobstructed hyperten
Due to hypertension & prob. hypercalcaemia
Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Henry Warren Carson
18. Birthplace Barry Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Ella Jane Sherber
15. Birthplace Barry Ill.
(City, town, or county) (State or foreign country)

Major findings: Of operations 0 Of autopsy 0
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Erudy Haulman
(b) Address Omaha, Nebraska
17. (a) Buried (b) Date thereof June 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mr Oliver
18. (a) Signature of funeral director James M. Daugherty
(b) Address maxedire mo
19. (a) 6-18-40 (b) James M. Daugherty
(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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 445
(Specify type of place) While at work? 0 (e) Means of injury 0
23. Signature James M. Daugherty (M. D. or other) _____
Address Barry Ill. Date signed 6/18/40

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.

WHITE PAPER—USE WRITING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 117
District File Number 2402981
Date Filed JUL 2 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 *Blanche M. Laughlin*
Licensed Embalmer No. *1909*
P. O. Address *Marceline*

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.