

No. 2
10-40
1-25
X21492

JAN 25 1941

Registration District No. **190**

Primary Registration District No. **4113**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Kahoka**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **2** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Josephine M. Nally**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Mr. Nally** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **Jan 18 1854** (Month) (Day) (Year)

8. AGE: Years **86** Months **10** Days **1** If less than one day hr. min.

9. Birthplace **Jawa** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business

12. Name **Warren Dresse**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name **Eunice Davis**
15. Birthplace **R. I.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Scott Olive**
(b) Address **Fisk No.**

17. (a) **Burial** (b) Date thereof **Dec. 19-1940** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kahoka Co.**

18. (a) Signature of funeral director **W. H. ...**
(b) Address **Kahoka Mo.**

19. (a) **12-19-40** (b) **J. R. ...** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Clark**
(c) City or town **Kahoka 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. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 17** day year **1940** hour minute M.
21. I hereby certify that I attended the deceased from **Jan 1 1939** to **Dec 17 1940**

that I last saw him alive on **12-17-40** and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to **167**
Due to

Other conditions (Include pregnancy within 3 months of death)

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?

23. Signature **J. R. ...** (Specify type of place) (a) Means of injury
Address **Kahoka Mo** Date signed

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-79

Date Filed JAN 13 1941

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.....

Dec. 17-1940

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Otis L. Tutting

Licensed Embalmer No.

2965

P. O. Address.....

Luraym

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.