

FILED MAR 19 1941  
 Registration District No. 1022

Primary Registration District No. 5732

1. PLACE OF DEATH:

(a) County Maries  
 (b) City or town Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 10  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. (Specify whether)  
 In this community years, months or days

3. (a) PRINT FULL NAME Nancy Lee Buell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced OX  
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased: July 31, 1931 1939  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 6 24 hr. min.

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

10. Usual occupation X

11. Industry or business

12. Name Lee E. Buell  
 13. Birthplace Hayden, Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Frankie Roberson  
 15. Birthplace Hayden, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lee E. Buell

(b) Address Stickney, Mo.

17. (a) Burial (b) Date thereof 2/26/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kenner Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) Mar. 1, 1941 (b) Sarah Robertson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Near Dixon  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25  
 year 1941 hour minute 1:30p M.

21. I hereby certify that I attended the deceased from 2-16-41  
 to 2-25- 1941  
 that I last saw him alive on 2-24- 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Lobar Pneumonia  
Influenza

Due to Influenza  
 Due to 32

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?

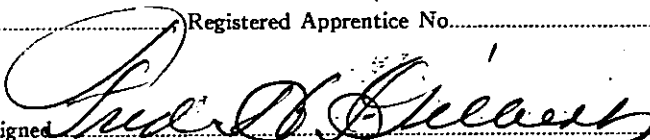
972  
 While at work? (Specify type of place) (c) Means of injury  
 23. Signature E. Miller M.D. (M. D. or other)  
 Address Dixon, Mo. Date signed 2-28-41

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**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.....  
.....  
working under my personal supervision.

Signed  .....

Registered Apprentice No.....

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, fact should be so stated above.**