No. 2
-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7840

Registration District No. 677 Primary Registration District No. 5903 Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural - Miller Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Nawn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. L. Nawn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 4, 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Coal Dale, Penn (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Nahn
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret McNamee
15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Miss Helen Nawn
(b) Address Rolla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cem
18. (a) Signature of funeral director Nell Bon
(b) Address Rolla Mo
19. (a) Feb 18, 1941 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1941 hour 3 minute a M.
21. I hereby certify that I attended the deceased from Feb 10, 1941, to Feb 16, 1941;
that I last saw her alive on Feb 16, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis agitans	3 yrs.
Due to	
Due to	
Other conditions: Senility (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? 610 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. E. Ferrid M.D. (M. D. or other) 0
Address Rolla Mo. Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 34385
Date Filed _____

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed S. L. Nuell

Licensed Embalmer No. 3397

P. O. Address Rolla Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.