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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9955

APR 9 1941 34
Registration District No. 34

Primary Registration District No. 6239

State File No. _____
Registrar's No. 9

1. PLACE OF DEATH:

(a) County Barry
(b) City or town R#1 Exeter 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 Missouri (b) County Barry
(c) City or town R#1 Exeter
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1941 hour 8 minute _____ A. M.

21. I hereby certify that I attended the deceased from 3/21/41
_____, 19____, to 3/21/41, 19____;
that I last saw her alive on 3/21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute R.L. lobar pneumonia
Due to _____
Due to _____

Other conditions old age
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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?
33 _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature James S. Jackson (M. D. or other) _____
Address Cassville Mo Date signed 3/31/41

Duration 4 days
Physician _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Katie M. Nebb

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 Widow

6. (b) Name of husband or wife Walter M. Nebb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Catron

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Wm England

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louvenne Mattingly

(b) Address R#1 Exeter

17. (a) Burial (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem

18. (a) Signature of funeral director Booy Turner Home
(b) Address Cassville Mo

19. (a) 3/24/41 (b) Mrs. W. P. Searcy
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 0.

District File Number 441-563

Date Filed APR 7 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.....

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

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, Mo.

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.