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FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10469

Registration District No. 212 Primary Registration District No. 5292 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Cole

(b) ~~City or town~~ ~~Eugene, Rural~~ Clark

(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 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Eugene, Mo. Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Sheila Francis Nye

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 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 13 (Day) 1939 (Year)

8. AGE: Years 1 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Eugene (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Carl Nye
13. Birthplace Eagleville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Helen Townley
15. Birthplace Sedalia, (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Carl Nye

(b) Address Eugene, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3rd. 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville Mo.

18. (a) Signature of funeral director G. N. Steffens

(b) Address Russellville, Mo.

19. (a) 3/1 1941 (Date received local registrar) (b) Mrs T. L. Glover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd. year 1941 hour 3 minute 30 A? M.

21. I hereby certify that I attended the deceased from 3/1/41, 19 to 3/2, 1941; that I last saw her alive on 3/1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Double Lobar Pneumonia	24 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. D. Dalley (M. D. or other)

Address Eldon Mo Date signed 3/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 Roy O. Steffens, Registered Apprentice No. ..... working under my personal supervision.

Signed Roy O. Steffens

Licensed Embalmer No. 4022

P. O. Address Russellville, M

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

If this body is not embalmed, above space should be left blank.