

Registration District No. 809

Primary Registration District No. 6128

1. PLACE OF DEATH:

(a) County Janey
(b) City or town Reeds Springs
(c) Name of hospital or institution Rural Broun
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Janey
(c) City or town Reeds Springs
(d) Street No. Rural
(e) Citizen of foreign country? Transylvania

3. (a) PRINT FULL NAME Nancy E. La Rue

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

4. Sex Female 5. Color or race W 6. (a) Single, widow, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Oct 18-1867

8. AGE: Years 73 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Janey Co mo

10. Usual occupation Housewife

11. Industry or business _____

12. Name Shep Jones

13. Birthplace mo

14. Maiden name Elvira Jones

15. Birthplace mo

16. (a) Informant Glossie La Rue

(b) Address Reeds Springs

17. (a) gstrna mo (b) Date thereof 4-20-41

(c) Place: burial or cremation gstrna mo

18. (a) Signature of funeral director John H. Baxter

(b) Address Reeds Springs mo

19. (a) 4-19-41 (b) John H. Baxter

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1941 hour 11:15 P minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: accidental killed in

Due to Tornado -

Due to _____

Other conditions: _____

Major findings: _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence April 18 - 1941

(c) Where did injury occur Home

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 774

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

23. Signature Pa Thornburg Co Coroner

Address Broun Date signed 4/19/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 541-695

Date Filed MAY - 5 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.....

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.