

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 428

1. PLACE OF DEATH: GREENE
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Gertrude Genevieve Nays
8. (b) If veteran, name war no
8. (c) Social Security No. none

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Friend Leonard Nays
6. (c) Age of husband 76 years
7. Birth date of deceased April 8 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 15
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Albert Alexander
13. Birthplace Unknown Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Catherine Drummond
15. Birthplace Unknown France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth M. Burbee
(b) Address Niangua, Mo.

17. (a) burial (b) Date thereof 5-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland, Iowa

18. (a) Signature of funeral director W. E. Handley
(b) Address Manassas, Mo.

19. (a) 5-25-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Niangua
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1941 hour 9:30 minute P M.
21. I hereby certify that I attended the deceased from 5-17
1941 to 5-23 1941
that I last saw her alive on May 23 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broucho pneumonia
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: all signs present
Of operations
Of autopsy
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?

23. Signature W. E. Handley (Specify type of place) (a) Means of injury
While at work? (b) (c) (d) or other
Address 2100 S. Holland Date signed 5-25-41

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

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 *Devaney*.....

Licensed Embalmer No. *3312*.....

P. O. Address *Marshfield, 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, above space should be left blank.