

STANDARD CERTIFICATE OF DEATH

Registration District No. 895

Primary Registration District No. 3039

Registrar's No. 168

1. PLACE OF DEATH

(a) County. Yernon  
(b) City or town. Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
H 21 N. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 47 yrs.  
years, months or days

8. (a) PRINT FULL NAME Lucinda Brace Innis  
8. (b) If veteran, name war no  
8. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married. Widowed

6. (b) Name of husband or wife Milford T. Innis 6. (c) Age of husband or wife if deceased 15, 1861  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name William S. Maple

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

14. Maiden name \_\_\_\_\_ (City, town, or county) (State or foreign country)

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

16. (a) Informant M. J. Innis  
(b) Address 329 S. Ash St. Nevada, Mo.

17. (a) Burial (b) Date thereof 5/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mounts Cemetery

18. (a) Signature of funeral director Ferry Funeral Home  
(b) Address Nevada, Mo.  
19. (a) 5-29-41 (b) Allen O. Kay  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Yernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. H 21 N. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23, year 1941 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from May 2, 1941, to May 23, 1941.  
that I last saw her alive on May 2, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chr. interstitial nephritis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 12/0

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? \_\_\_\_\_  
While at work? 70.5 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) D  
Address Nevada, Mo. Date signed 5-28-41

Duration 3 da  
?  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

08  
1  
2

RECEIVED

District Health Officer No. 7;

District File Number 6-41-982

Date Filed 6-10-41

**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, above space should be left blank.**