

Registration District No. 89

Primary Registration District No. 5130

754

1. PLACE OF DEATH

(a) County Butler
(b) City or town Rural, Nellyville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles South West of Nellyville
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles S. W. of Nellyville
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from
June 1st, 1941, to June 23, 1941
that I last saw him alive on June 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Infarction

Due to 119 W

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. J. Farr (M. D. or other) D
Address Nellyville Mo Date signed 6/24/41

3. (a) PRINT FULL NAME CHARLES DAWOY

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased April 19, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 hr. min.

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

10. Usual occupation Baby

11. Industry or business _____

12. Name Adolph Dawdy

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

14. Maiden name Mathie Emmerson

15. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Dawdy

(b) Address Nellyville, Mo.

17. (a) Burial (b) Date thereof June 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Simons Ceme

18. (a) Signature of funeral director? Minnie Link

(b) Address Nellyville, Mo.

19. (a) 6/24/41 (b) Kate Lutz
(Date received from registrar) (Registrar's signature)

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

17
00

RECEIVED

District Health Officer No. 2,

District File Number 741-861

Date Filed 7/16/41

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 Bryon C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo

Not Embalmed

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.