

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town HOPKINS
(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 _____ (Specify whether _____)
In this community Wife
years, months or days

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

3. (a) PRINT FULL NAME NANCY ANN HERBERT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Dec day 24
year 1941 hour 2 minute 15 P.M.

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Will C. HERBERT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 1 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/1 1940 to 12/24 1941
that I last saw her alive on 12/20/41, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of breast 3 opa

9. Birthplace BRADYVILLE IA.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation Housewife
11. Industry or business _____
12. Name JOHN WYRT MILLER 9
13. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name ELVIRA ROSS
15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Frank Herbert
(b) Address Hopkins MO
17. (a) BURIAL (b) Date thereof Dec. 26-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

PHYSICIAN
Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation Hopkins Mo
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins Mo.
19. (a) 1/25/41 (b) O.H. Taylor
(Date received local registrar) (Registrar's signature)

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 S. W. White (M. D. or other) MD
Address Hopkins Date signed 12/25/41

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

100

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 myself, Registered Apprentice No. _____ working under my personal supervision.

Signed Stanley Swanson
Licensed Embalmer No. 3963
P. O. Address Hopkins, 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, fact should be so stated above.