

1942 MAR 14 1942

Registration District No. ....

Primary Registration District No. 6807

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Nianqua, Miss.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Nianqua  
(If outside city or town limits, write "RURAL")

(d) Street No. X (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Belle Zora Kote I

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased February 12, 1865  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	no	24	X hr. X min.

9. Birthplace Webster County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Gabriel Dudley

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

14. Maiden name Mary Garner

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

16. (a) Informant Joe Pettet

(b) Address Nianqua, Missouri

17. (a) Burial (b) Date thereof March 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nianqua, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address Marshfield, Missouri

19. (a) (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1942 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from Mar 1  
Mar 1 1942 to Mar 6 1942  
that I last saw her alive on Mar 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Dystrophia Nephritis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131a

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? (Specify type of place) (e) Means of injury 8

23. Signature W.F. Schlich (M. D. or other)

Address Nianqua Mo Date signed 3/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

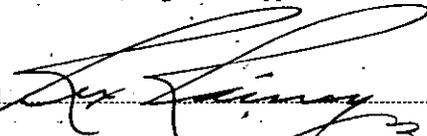
820

MAR 14 1942

**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. 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, fact should be so stated above.