

FILED MAR 10 1942  
Registration District No. 905  
90-3

Primary Registration District No. 16216

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County North  
(b) City or town Denver mo 1110-10  
(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 1 yr  
years, months or days

3. (a) PRINT FULL NAME NANCY WILLIAMS

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

4. Sex 71  
5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Kenley  
6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased Nov 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 18  
If less than one day hr. min.

9. Birthplace 1 Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Stal  
13. Birthplace 1 Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Campbell  
15. Birthplace 1 Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Romine  
(b) Address Weldon, Mont.

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb 25 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Harbin Cemetery

18. (a) Signature of funeral director Bram Brown

(b) Address Denver, 1110

19. (a) Feb 28 - 1942 (b) Arlene Scadden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North 113  
(c) City or town Denver  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location) 0  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 22 day Monday  
year 1942 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from July 4 - 1941  
....., 19....., to DEATH, 19.....;  
that I last saw her alive on Feb 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
ACUTE GASTRECTASIS -  
INTERSTITIAL NEPHRITIS (CHRONIC)

Due to  
Due to

Other conditions MYASTHENIA GRAVIDARIUM  
(Include pregnancy within 3 months of death)

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

23. Signature John Stal (M. D. or other) MD  
Address Denver, Mo Date signed 2/28

Duration

JAN-11

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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. \_\_\_\_\_  
*Not - Embalmed*  
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, fact should be so stated above.**