

FILED APR 1 1942

Primary Registration District No. 5643A

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

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1. PLACE OF DEATH:

(a) County Lewis
 (b) City or town Le Palle Rural
 (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 all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lewis
 (c) City or town Le Palle Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy Ann West
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21st year 1942 hour 7 minute 15-9 M.
 21. I hereby certify that I attended the deceased from 14th day of March 1942 to March 1942 that I last saw her alive on Mar 21st 1942 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow
 7. Birth date of deceased: Jan 15 1866 (Month) (Day) (Year)

Immediate cause of death
Cerebral failure,
Chronic Myocarditis
 Due to hypertension
 Due to back leg & leg pain

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 76 Months 2 Days 6 If less than one day hr. min.
 9. Birthplace Lewis Co. mo (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

Major findings: None
 Of operations: None
 Of autopsy: None

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

11. Industry or business E. S. Speckmull
 12. Name Indiana
 13. Birthplace Indiana (City, town, or county) (State or foreign country)
 14. Maiden name Amelia A. Harris
 15. Birthplace Lewis Co. mo (City, town, or county) (State or foreign country)

16. (a) Informant H. C. West
 (b) Address Memphis Tenn
 17. (a) Burial (b) Date thereof Mar 24 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Le Palle mo
 18. (a) Signature of funeral director Wm. J. Barrett
 (b) Address Memphis mo
 19. (a) 3/25/42 (b) R. W. Jennings
 (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 A. H. Lillard (M. D. or other)
 Address Le Palle Date signed 3/22/42

555
3/30/42

MAR 31 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.....

Fred Luth

Licensed Embalmer No. *1029*

P. O. Address. *Memphis 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.