

1. PLACE OF DEATH:

(a) County Novinger
(b) City or town Novinger
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution operated Aug
In this community 74-1941-2 months (Specify whether years, months or days) Keokuk Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Novinger
(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

Martha Anderson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1942 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct
1941 to June 14 1942

that I last saw him alive on June 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death uterine carcinoma

Duration _____

Due to _____

Due to _____

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

PHYSICIAN

Major findings: operated on Louisa
Of operations Naeph = aug 24-43 - cancer
Of autopsy: infarcted - total infarct
metastatic had involved

Underline the cause to which death should be charged statistically.

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. S. Gashwinkel (M. D. or other)
Address Novinger Mo Date signed 6/14/42

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>1</u>	<u>71</u>	_____ hr. _____ min.

9. Birthplace Streator Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Alexander Nimmo

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

14. Maiden name Mary Ann McMillan

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

16. (a) Informant Mr. Alexander Nimmo

(b) Address 809 E. McPherson

(c) Place: burial or cremation Novinger Reel

18. (a) Signature of funeral director Waver funeral home

(b) Address Keokuk Mo

19. (a) June 22, 1942 (Date received local registrar)

(b) Mr. J. W. Wayman (Registrar's signature)

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

100

MOTHER FATHER

1-47

RECEIVED

District Health Officer No. 10

District File Number 7-42-1473

Date Filed JUL 21 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.....

Keith Collier

Licensed Embalmer No. 3632

P. O. Address Subville 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.